

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063245

FILED
Mar 08, 2006
Secretary of State

Entity Name: HOSPITAL BILLING SERVICES, INC.

Current Principal Place of Business:

1934 RETAW STREET
JACKSONVILLE, FL 32210

New Principal Place of Business:

4565 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

Current Mailing Address:

1934 RETAW STREET
JACKSONVILLE, FL 32210

New Mailing Address:

4565 SHIRLEY AVE
JACKSONVILLE, FL 32210 US

FEI Number: 56-2368014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PO () Delete
Name: LINVILLE, CHARLES W
Address: 1934 RETAW STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: VO () Delete
Name: LINVILLE, MARY T
Address: 1934 RETAW STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: PERRY, LINDA L
Address: 8417 FRONTER CR
City-St-Zip: JACKSONVILLE, FL 32217

Title: V () Delete
Name: KERN, MELISSA
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: BEASLEY, ELIZABETH
Address: 3713 BALLEJO CT W
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PO (X) Change () Addition
Name: LINVILLE, CHARLES W
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: VO (X) Change () Addition
Name: LINVILLE, MARY T
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: T (X) Change () Addition
Name: PERRY, LINDA L
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: V (X) Change () Addition
Name: LINVILLE, MELISSA M
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: S (X) Change () Addition
Name: BEASLEY, ELIZABETH L
Address: 4565 SHIRLEY AVE
City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L PERRY

T

03/08/2006

Electronic Signature of Signing Officer or Director

Date