

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90081 021 \*\*\*150.00

<b>DOCUMENT # P03000083199</b> 1. Entity Name <b>L.O.M. MEDICAL BILLING, INC.</b>																																			
Principal Place of Business <b>7375 SW 39TH TERRACE MIAMI, FL 33155</b>		Mailing Address <b>7375 SW 39TH TERRACE MIAMI, FL 33155</b>																																	
2. Principal Place of Business <b>150 E 1st Avenue</b> Suite, Apt. #, etc. <b>405</b> City & State <b>Hialeah, FL</b> Zip <b>33010</b>		3. Mailing Address <b>150 E 1st Avenue</b> Suite, Apt. #, etc. <b>405</b> City & State <b>Hialeah, FL</b> Zip <b>33010</b>																																	
Country <b>USA</b>		Country <b>USA</b>																																	
4. FEI Number <b>06-1703244</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>MENESES, YENY Y</b> <b>7375 SW 39TH TERRACE</b> <b>MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>Jose S. Ocana</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 E 1st Avenue # 405</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33010</b>																																	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>X Jose S. Ocana</u> (President) <u>Jose S. Ocana</u> 2/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE D            NAME MENESES, YENY Y            STREET ADDRESS 7375 SW 39TH TERRACE            CITY-ST-ZIP MIAMI, FL 33155         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE D NAME MENESES, YENY Y STREET ADDRESS 7375 SW 39TH TERRACE CITY-ST-ZIP MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE PD            NAME JOSE S. OCANA            STREET ADDRESS 150 E 1st Avenue # 405            CITY-ST-ZIP Hialeah, FL 33010         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE PD NAME JOSE S. OCANA STREET ADDRESS 150 E 1st Avenue # 405 CITY-ST-ZIP Hialeah, FL 33010	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition														
TITLE D NAME MENESES, YENY Y STREET ADDRESS 7375 SW 39TH TERRACE CITY-ST-ZIP MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete																																		
TITLE PD NAME JOSE S. OCANA STREET ADDRESS 150 E 1st Avenue # 405 CITY-ST-ZIP Hialeah, FL 33010	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. <b>SIGNATURE: X Jose S. Ocana</b> 2/4/05 (305) 219-8034 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			

50035230



01042005 Chg-P CR2E034 (10/03)