

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096931

FILED
Feb 21, 2006
Secretary of State

Entity Name: ONE STOP MEDICAL BILLING, INC.

Current Principal Place of Business:

3140 WEST 84 STREET, UNIT 4
HIALEAH, FL 33018

New Principal Place of Business:

8140 NW 155TH STREET
204
MIAMI LAKES, FL 33016

Current Mailing Address:

3140 WEST 84 STREET, UNIT 4
HIALEAH, FL 33018

New Mailing Address:

8140 NW 155TH STREET
204
MIAMI LAKES, FL 33016

FEI Number: 43-2027805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, SABRINA
3140 WEST 84 STREET, UNIT 4
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

ESCOBAR, SABRINA
8140 NW 155TH STREET
204
MIAMI LAKES, FL 33016 US

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: SABRINA ESCOBAR

02/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESCOBAR, SABRINA
Address: 3140 WEST 84 STREET, UNIT 4
City-St-Zip: HIALEAH, FL 33018

Title: VP () Delete
Name: MASOOD, HILDA
Address: 3140 WEST 84 STREET, UNIT 4
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESCOBAR, SABRINA
Address: 8140 NW 155TH STREET, SUITE 204
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP (X) Change () Addition
Name: MASOOD, HILDA
Address: 8140 NW 155TH STREET, SUITE 204
City-St-Zip: MIAMI LAKES, FL 33016

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: SABRINA ESCOBAR

P

02/21/2006

Electronic Signature of Signing Officer or Director

Date