

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098942

Entity Name: MEDICAL BILLING ART, INC

FILED  
Apr 21, 2005  
Secretary of State

**Current Principal Place of Business:**

10141 CARRINGTON CT  
ORLANDO, FL 32836 US

**New Principal Place of Business:**

3365 BELLINGTON DR  
ORLANDO, FL 32835 US

**Current Mailing Address:**

10141 CARRINGTON CT  
ORLANDO, FL 32836 US

**New Mailing Address:**

3365 BELLINGTON DR  
ORLANDO, FL 32835 US

FEI Number: 20-0211255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZIKRA, ALBERT  
10141 CARRINGTON CT  
ORLANDO, FL 32836 US

**Name and Address of New Registered Agent:**

ZIKRA, ALBERT  
3365 BELLINGTON DR  
ORLANDO, FL 32835 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: 1960

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZIKRA, ALBERT  
Address: 10141 CARRINGTON CT  
City-St-Zip: ORLANDO, FL 32836 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ZIKRA, ALBERT  
Address: 3365 BELLINGTON DR  
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: 1960

P

04/21/2005

Electronic Signature of Signing Officer or Director

Date