

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110989

FILED
Jul 27, 2004
Secretary of State

Entity Name: PHYSICIANS BILLING SERVICE AT THE VILLAGES, INC.

Current Principal Place of Business:

1400 US HWY 441 N.
STE 950
THE VILLAGES, FL 32159 US

Current Mailing Address:

1400 US HWY 441 N.
STE 950
THE VILLAGES, FL 32159 US

FEI Number: 20-0350887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOLARSKI, ALAIN B
1400 US HWY 441 N.
STE 950
THE VILLAGES, FL 32159 US

New Principal Place of Business:

1400 US HWY 441 N.
STE 930
THE VILLAGES, FL 32159 US

New Mailing Address:

1400 US HWY 441 N.
STE 930
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

SMOLARSKI, ALAIN B
1400 US HWY 441 N.
STE 930
THE VILLAGES, FL 32159 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:

07/27/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMOLARSKI, ALAIN B
Address: 1400 US HWY 441 N., STE 950
City-St-Zip: THE VILLAGES, FL 32159 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMOLARSKI, ALAIN B
Address: 1400 US HWY 441 N., STE 930
City-St-Zip: THE VILLAGES, FL 32159 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: ALAIN B. SMOLARSKI

P

07/27/2004

Electronic Signature of Signing Officer or Director

Date