

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000149666

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: INSURANCE BILLING SYSTEMS, INC

## Current Principal Place of Business:

19201 COLLINS AVENUE  
524  
SUNNY ISLES, FL 33160

## New Principal Place of Business:

3383 NW 7TH STREET  
106  
MIAMI, FL 33125

## Current Mailing Address:

P.O. BOX 600007  
NORTH MIAMI BEACH, FL 33160

## New Mailing Address:

3383 NW 7 ST  
SUITE 106  
MIAMI, FL 33125

FEI Number: 06-1721508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROIG, ISABELLE  
19201 COLLINS AVENUE  
524  
SUNNY ISLES BEACH, FL 33160 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: P ( ) Delete  
Name: ROIG, ISABELLE  
Address: 19201 COLLINS AVENUE #524  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ISABELLE ROIG

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date