

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150362

FILED
Apr 18, 2007
Secretary of State

Entity Name: VISIONARY BILLING SERVICES, INC

Current Principal Place of Business:

5600 MARINER STREET
SUITE 227
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5600 MARINER STREET
SUITE 2227
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-0491073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAMATAKIS & THALJI, PL
2701 NORTH ROCKY POINT DRIVE
SUITE 525
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

WILSON, KARREN A ESQ
5600 MARINER STREET
SUITE 216
TAMPA, FL 33609 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: KARREN WILSON

04/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PATEL, KIRAN C
Address: 5600 MARINER STREET, SUITE 200
City-St-Zip: TAMPA, FL 33609

Title: VSD () Delete
Name: DESAI, KIRIT
Address: 1609 PASADENA AVENUE SOUTH, SUITE 2E
City-St-Zip: ST PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DR. KIRAN PATEL

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date