


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90093 048 \*\*\*159.00

<b>DOCUMENT # P04000012278</b> 1. Entity Name <b>HATCHER MEDICAL BILLING SERVICE, INC.</b>					
Principal Place of Business <b>1051 N W 178TH TER MIAMI GARDEN, FL 33169</b>			Mailing Address <b>1051 N W 178TH TER MIAMI GARDEN, FL 33169</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRAZIER, TERESA 1051 N W 178TH TER MIAMI GARDEN, FL 33169</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FRAZIER, TERESA H</b> <b>1051 N W 178TH TER</b> <b>MIAMI GARDEN, FL 33169</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FRAZIER, EDWIN L</b> <b>1051 N W 178TH TER</b> <b>MIAMI GARDEN, FL 33169</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FRAZIER, TREVARES D</b> <b>1051 N W 178TH TER</b> <b>MIAMI GARDEN, FL 33169</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>SIGNATURE: <i>Teresa Frazier</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b><i>Teresa Frazier</i></b> <small>Date</small>		
			<b><i>4/28/07</i></b> <small>Date</small>		
			<b><i>186-663-3909</i></b> <small>Office Phone #</small>		