FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90003 008 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000015514

1. Entity Name
BASIC MEDICAL BILLING, INC.

04232008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~12869 SW 134 ST~~	~~12869 SW 134 ST~~
~~MIAMI, FL 33186~~	~~MIAMI, FL 33186~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8160 W 28 CT	8160 W 28 CT
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 203
City & State HIALEAH, Fl	City & State HIALEAH, Fl
Zip 33018 / Country Dade	Zip 33018 / Country DADE

4. FEI Number 37-1483071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESTRADA, SUSEL
8160 W 28TH CT #203
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ESTRADA, SUSEL	
STREET ADDRESS	8160 W 28 CT #203	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	VP	☐ Delete
NAME	SANCHEZ, SUSANA	
STREET ADDRESS	8160 W 28 CT #203	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: ____________________ 4/23/08 (305) 8233106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #