

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024059

Entity Name: R.S. MEDICAL BILLING, CORP.

FILED
Mar 31, 2005
Secretary of State

Current Principal Place of Business:

433 PALM AVE.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

433 PALM AVE.
HIALEAH, FL 33010

New Mailing Address:

PO BOX 110853
HIALEAH, FL 33011

FEI Number: 59-3782929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTIEL, SOISNELY
433 PALM AVE.
HIALEAH, FL 33010 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: PD () Delete
Name: BOTIEL, SOISNELY
Address: 433 PALM AVE.
City-St-Zip: HIALEAH, FL 33010

Title: VD () Delete
Name: GARCIA, ROLANDO M
Address: 433 PALM AVE.
City-St-Zip: HIALEAH, FL 33010

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 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: SOISNELY BOTIEL

PD

03/31/2005

Electronic Signature of Signing Officer or Director

Date