2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P04000028156

Entity Name: STROUD MEDICAL BILLING & PHARMACY CONSULTANTS, INC.

Current Principal Place of Business:

P.O. BOX 120335
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

6635 W. COMMERCIAL BLVD
SUITE 117
TAMARAC, FL 33319 US

Current Mailing Address:

P.O. BOX 120335
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-0721651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, THOMAS L JR.
2881 EAST OAKLAND PARK BOULEVARD
THIRD FLOOR
FORT LAUDERDALE, FL 33306 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: WALKER, TINA M
Address: P.O. BOX 120335
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VP ( ) Delete
Name: WALKER, THOMAS L JR.
Address: P.O. BOX 120335
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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: TINA MARIE WALKER P 04/22/2005

Electronic Signature of Signing Officer or Director Date