# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2005**
**Secretary of State**

DOCUMENT# P04000038774

**Entity Name:** MEDICAL BILLING SOLUTIONS OF BROWARD, INC.

**Current Principal Place of Business:**

2500 N UNIVERSITY DR, STE 5
SUNRISE, FL 33322

**New Principal Place of Business:**

1705 PALM COVE BLVD.
201
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2500 N UNIVERSITY DR, STE 5
SUNRISE, FL 33322

**New Mailing Address:**

1705 PALM COVE BLVD.
201
DELRAY BEACH, FL 33445

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

**Name and Address of Current Registered Agent:**

BAILEY, EVERTON
1705 PALM COVE BLVD
STE 201
DELRAY BEACH, FL 33445 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: WILLIAMS, HERMAN
Address: 4310 REFLECTIONS BLVD, APT 104
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete
Name: BOYAR-MCINTOSH, CYNTHIA
Address: 4232 BEDFORD AVE
City-St-Zip: BROOKLYN, NY 11229

Title: D ( ) Delete
Name: BAILEY, EVERTON
Address: 1705 PALM COVE DR, STE 201
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: HERMAN WILLIAMS D 05/03/2005

Electronic Signature of Signing Officer or Director — Date