

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90114 039 \*\*\*150.00

**DOCUMENT # P04000039998**

1. Entity Name

**MNT MEDICAL BILLING AND MANAGEMENT SERVICES, INC.**



Principal Place of Business

**1547 US HWY ONE  
VERO BEACH FL 32960**

Mailing Address

**1547 US HWY ONE  
VERO BEACH FL 32960**

2. Principal Place of Business - No P.O. Box #

**0825, 11th Avenue**

3. Mailing Address

**0825, 11th Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**VERO BEACH, FLORIDA**

City & State

**VERO BEACH, FL**

Zip

Country

**32960**

Zip

Country

**32960**

4. FEI Number

**20-0886889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRANCIS, TRIVIA K  
2825, 11TH AVENUE  
VERO BEACH FL 32960**

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, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	FRANCIS, TRIVIA K	
STREET ADDRESS	2825, 11TH AVENUE	
CITY - ST - ZIP	VERO BEACH FL 32960	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GOURGUE, NATACHA	
STREET ADDRESS	2825, 11TH AVENUE	
CITY - ST - ZIP	VERO BEACH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/24/07** **772**  
**299-1500**

Date

Daytime Phone