


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90175 022 ***150.00

DOCUMENT # P04000040849	
1. Entity Name RELIABLE MEDICAL BILLING SOLUTIONS, INC.	

Principal Place of Business 2811 TAMiami TRAIL, STE P PT CHARLOTTE FL 33952	Mailing Address 2811 TAMiami TRAIL, STE P PT CHARLOTTE FL 33952
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2. Principal Place of Business 2811 Tamiami Trail	3. Mailing Address 2811 Tamiami Trail
Suite, Apt. #, etc. Suite D	Suite, Apt. #, etc. Suite D
City & State Port Charlotte, FL	City & State Port Charlotte, FL
Zip 33952	Country US

1st MOORE CR2E034 (10/05)

4. FEI Number 20-0822803		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOLMES, DAVID A 99 NESBIT ST PUNTA GORDA FL 32950		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADDONIZIO, MARK 2811 TAMiami TRAIL, STE P PT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 an address, with all other like empowered.

SIGNATURE:  **Mark Addonizio** 3/10/06 941-629-7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #