

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000048415

FILED
Mar 16, 2011
Secretary of State

Entity Name: DOC MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

13005 SOUTHERN BLVD #224
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

13005 SOUTHERN BLVD #224
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-1016682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHORR, M. GARY
13005 SOUTHERN BLVD #224
LOXAHATCHEE, FL 33470 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCHORR, M. GARY
Address: 13005 SOUTHERN BLVD #224
City-St-Zip: LOXAHATCHEE, FL 33470

Title: CFO
Name: WASYLINK, DENISE
Address: 13005 SOUTHERN BLVD MM2 #224
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: M. GARY SCHORR

PRES

03/16/2011

Electronic Signature of Signing Officer or Director

Date