## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000053437** 

IN A FLASH MEDICAL BILLING, INC.



## FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90319 011 \*\*\*150.00



NAPLES, FL .34	of Business							
NAPLES, FL .34		Mailing Address						
6 Poincip of Dice			3200 TAMIAMI TR N STE 200 NAPLES, FL 34103			. อบ	U443	40
2. Principal Place of Business 3. 2760 54th Avenue N.E.		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E	034 (10/03)	
City & State Naples,	Florida	City & State	City & State		12 /27/0/0			pplied For ot Applicable
<sup>Zip</sup> 34120	Country	Zip	Country	5. Certificate of	f Status Desire	d , 🗆	\$8.75 Ad Fee Require	
	6. Name and Address of Current i	legistered Agent		7. Name and	ddress of Nev	w Registered	Agent	
-LADEMAN; ( 3200 TAMIA NAPLES, FL	MI TR N STE 200		Name Street Address	ss (P.O. Box Number	is Not Accepte	able)		
			City			FL	Zip Cor	de
	amed entity submits this statement for ns of registered agent.	the purpose of changing its	registered office or regis	stered agent, or both	, in the State of	Florida. † am	familiar with	, and accept
SIGNATURE								
	gnature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)		DATE		
	NOW!!! FEE IS \$150.00 71, 2005 Fee will be \$550.0	9. Élection Campa Trust Fund Cont		55.00 May Be Added to Fees				
10.	OFFICERS AND I	DIRECTORS :	11.	ADDITIONS/C	HANGES TO C	OFFICERS AND		RS IN 11
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; 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: 2	WED VEG President - Xavier	Vezz	ocesident	4/4/05	239-821-8882
SIGN	ATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		,	Bate	Daytime Phone #