


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90200 006 ***150.00

DOCUMENT # P04000066009

1. Entity Name
MEDICAL BILLING & COLLECTION CONSULTANTS INC.



Principal Place of Business Mailing Address

6355 NW 36 ST
 STE 508
 MIAMI, FL 33166

6355 NW 36 ST
 STE 508
 MIAMI, FL 33166

60002021

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6355 NW 36 street
 Suite, Apt. #, etc.
 Suite 504

6355 NW 36 street
 Suite, Apt. #, etc.
 Suite 504

City & State City & State

Virginia Gardens, FL. Virginia Gardens, FL.

Zip Country Zip Country

33166 USA 33166 USA



01082007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

01-0812581 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	TITLE	Change <input type="checkbox"/> Addition
NAME	SOTOMAYOR, PEDRO A	NAME	
STREET ADDRESS	6355 NW 36 ST STE 508	STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	CITY-ST-ZIP	
TITLE	DV	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICONA, CARLOS JR	NAME	
STREET ADDRESS	6355 NW 36 ST STE 508	STREET ADDRESS	6355 NW 36 street suite 504
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	CITY-ST-ZIP	Virginia Gardens, FL. 33166
TITLE	DT	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LICONA, JAIME	NAME	
STREET ADDRESS	6355 NW 36 ST STE 508	STREET ADDRESS	6355 NW 36 street suite 504
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	CITY-ST-ZIP	Virginia Gardens, FL. 33166
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ Date: 1/10/07 Daytime Phone #: 305-420-9570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR