

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067063

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: A-1 TOUCH MEDICAL BILLING,CORP.

## Current Principal Place of Business:

4501 PALM AVE STE 202  
HIALEAH, FL 33012

## New Principal Place of Business:

19938 NW 61 AVE  
MIAMI, FL 33015

## Current Mailing Address:

PO BOX 172742  
HIALEAH, FL 33017

## New Mailing Address:

FEI Number: 87-0730477      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PENA, SAILY CANO  
19938 NW 61 AVE  
MIAMI, FL 33015      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PENA, SAILY CANO  
Address: 19938 NW 61 AVE  
City-St-Zip: MIAMI, FL 330154860

Title: DV ( ) Delete  
Name: PENA, SAILY CANO  
Address: 19938 NW 61 AVE.  
City-St-Zip: MIAMI, FL 33015

Title: T ( ) Delete  
Name: MOLINER, MARTHA VAZQUEZ  
Address: 6866 W 25 AVE  
City-St-Zip: HIALEAH, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: PENA, SAILY  
Address: 19938 NW 61 AVE  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAILY PENA

DP

04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date