
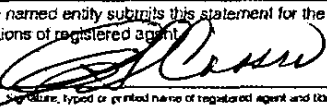



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90077 001 \*\*\*150.00  
09-08-2005 90077 002 \*\*\*\*\*8.75

<b>DOCUMENT # P04000077277</b>			
1. Entity Name PHYSICIANS BILLING CENTER, CORP			
Principal Place of Business 14620 SW 49 STREET MIAMI, FL 33175		Mailing Address 1550 SW 137 PALCE MIAMI, FL 33184 <b>OK</b>	
CHANGED see below			
2. Principal Place of Business 13375 SW 41 street		3. Mailing Address 1550 SW 137 PL	
Suite, Apt. #, etc. MIAMI		Suite, Apt. #, etc. MIAMI	
City & State FL		City & State FL	
Zip 33175	Country DADE	Zip 33175	Country
4. FEI Number 20-1115292		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COSSIO, ELSA 14620 SW 49 STREET MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: ELSA COSSIO Street Address (P.O. Box Number is Not Acceptable) 13375 SW 41 Street City: Miami FL Zip Code: 33175	
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: 		DATE: 09/06/05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COSSIO, ELSA 14620 SW 49 STREET MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ELSA COSSIO 13375 SW 41 street MIAMI, FL 33175 <input checked="" 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
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
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
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
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
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 09/06/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	