


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90204 044 ***158.75

DOCUMENT # P04000088164 1. Entity Name MEDICAL INFORMATION AND BILLING, INC.	
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Principal Place of Business 8650 SW 159 CT MIAMI, FL 33193	Mailing Address 8650 SW 159 CT MIAMI, FL 33193
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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02242005 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number 26-0088491	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERNANDEZ, MARIA 8650 SW 159 CT MIAMI, FL 33193	Name Street Address (P.O. Box Number is Not Acceptable) City
	State: 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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	FERNANDEZ, MARIA	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8650 SW 159 CT		NAME			
STREET ADDRESS		MIAMI, FL 33193		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	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 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 lines empowered.

SIGNATURE: *Maria Fernandez* 2/23/05 (305) 725-6199