

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089777

FILED
May 05, 2005
Secretary of State

Entity Name: E.V.S. MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

21223 BRAXFIELD LOOP
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

21223 BRAXFIELD LOOP
ESTERO, FL 33928

New Mailing Address:

FEI Number: 20-1224216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SORIA, VICTOR H
21223 BRAXFIELD LOOP
ESTERO, FL 33928 US

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: VICTOR H SORIA

05/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SORIA, ERICA D
Address: 21223 BRAXFIELD LOOP
City-St-Zip: ESTERO, FL 33928

Title: V () Delete
Name: SORIA, VICTOR H
Address: 21223 BRAXFIELD LOOP
City-St-Zip: ESTERO, FL 33928

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SORIA, ERICA D
Address: 21223 BRAXFIELD LOOP
City-St-Zip: ESTERO, FL 33928

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

Title: ST () Change (X) Addition
Name: BENITEZ, ANA E
Address: 6067 SPRING ISLES BLVD
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERICA D SORIA

P

05/05/2005

Electronic Signature of Signing Officer or Director

Date