

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112707

Entity Name: MEDIBILLCHEK, INC.

FILED
Aug 29, 2007
Secretary of State

Current Principal Place of Business:

4994 CHRISTINA COURT
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

300 5TH AVE S
SUITE 101-234
NAPLES, FL 34102

New Mailing Address:

4994 CHRISTINA CT
NAPLES, FL 34112 US

FEI Number: 65-1230544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, ROBYN R
4994 CHRISTINA COURT
NAPLES, FL 34112 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

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: D () Delete
Name: SCOTT, NORMAN DR.
Address: 4994 CHRISTINA COURT
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: SCOTT, ROBYN R
Address: 4994 CHRISTINA COURT
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBYN R SCOTT

PRES

08/29/2007

Electronic Signature of Signing Officer or Director

Date