

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114646

FILED
Apr 30, 2007
Secretary of State

Entity Name: PHYSICIAN BILLING SERVICES, INC

Current Principal Place of Business:

258 S E 6TH AVENUE
9 & 15
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

258 S E 6TH AVENUE #9
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 33-1098425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANA K. THOMPSON C/O ALAN RAMER, ESQ
1390 S DIXIE HWY #1301
CORAL GABLES, FL 33146 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: PRES () Delete
Name: THOMPSON, DANA K
Address: 12665 TIMBER RIDGE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: VP () Delete
Name: BYRNES, JAMES J
Address: 237 GEORGE BUSH BLVD
City-St-Zip: DELRAY BEACH, FL 33444

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: DANA THOMPSON

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date