


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90017 008 ***150.00

| | | | | | |
|--|---|--|---|---|--|
| DOCUMENT # P04000114646 1. Entity Name PHYSICIAN BILLING SERVICES, INC | | | |  | |
| Principal Place of Business 258 S E 6TH AVENUE # 9 & 15 DELRAY BEACH, FL 33483 US | | | Mailing Address 258 S E 6TH AVENUE #9 DELRAY BEACH, FL 33483 US | | |
| 2. Principal Place of Business - No P.O. Box # 11985 Southern Blvd | | 3. Mailing Address 11985 Southern Blvd | | | |
| Suite, Apt. #, etc. 326 | | Suite, Apt. #, etc. 326 | | | |
| City & State Royal Palm Bch, FL | | City & State Royal Palm Bch, FL | | | |
| Zip 33411 | | Country Palm Bch | | Zip 33411 | |
| Country Palm Bch | | Country Palm Bch | | | |
| 6. Name and Address of Current Registered Agent DANA K. THOMPSON C/O ALAN RAMER, ESQ 1390 S DIXIE HWY #1301 CORAL GABLES, FL 33146 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City 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: <u><i>Dana K Thompson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 | | 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 | PRES THOMPSON, DANA K 12665 TIMBER RIDGE CIRCLE WELLINGTON, FL 33414 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Thompson Dana K 11985 Southern Blvd #326 Royal Palm Bch, FL 33411 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BYRNES, JAMES J 237 GEORGE BUSH BLVD DELRAY BEACH, FL 33444 | | 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 exemptions contained 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 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: <u><i>Dana K Thompson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 05/13/08 5432777 <small>Date Daytime Phone #</small> | | |