2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 16, 2008
Secretary of State

DOCUMENT# P04000153040

Entity Name: MEDICAL BILLING PRO'S, INC.

Current Principal Place of Business:

2050 CORAL WAY
SUITE 402
MIAMI, FL 33145

New Principal Place of Business:

1532 SW 8TH ST
SUITE 203
MIAMI, FL 33135

Current Mailing Address:

2050 CORAL WAY
SUITE 402
MIAMI, FL 33145

New Mailing Address:

1532 SW 8TH ST
SUITE 203
MIAMI, FL 33135

FEI Number: 86-1119474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREYRE, ALINA M
2050 CORAL WAY #402
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FREYRE, ALINA M
1532 SW 8TH ST
SUITE 203
MIAMI, FL 33135 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: ALINA FREYRE 09/16/2008
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: P ( ) Delete
Name: FREYRE, ALINA M
Address: 2050 CORAL WAY #208
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete
Name: FREYRE, ANDRE E
Address: 2050 CORAL WAY #208
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FREYRE, ALINA M
Address: 1532 SW 8TH ST SUITE 203
City-St-Zip: MIAMI, FL 33135

Title: VP (X) Change ( ) Addition
Name: FREYRE, ANDRE E
Address: 1532 SW 8TH ST SUITE 203
City-St-Zip: MIAMI, FL 33135

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: ALINA FREYRE P 09/16/2008
Electronic Signature of Signing Officer or Director Date