


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90229 040 ***150.00

DOCUMENT # P04000172581 1. Entity Name PRECISION DIRECT MEDICAL BILLING, INC.					
Principal Place of Business 2191 SW 129TH AVENUE MIRAMAR, FL 33027			Mailing Address 2191 SW 129TH AVENUE MIRAMAR, FL 33027		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 277903</i>			
City & State		City & State <i>Miramar, FL</i>			
Zip	Country	Zip <i>33027</i>	Country <i>USA</i>	4. FEI Number <i>41-2163650</i>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOUIS, SHAVONTA S 2191 SW 129TH AVENUE MIRAMAR, FL 33027				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIS, SHAVONTA S		NAME		
STREET ADDRESS	2191 SW 129TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR, FL 33027		CITY - ST - ZIP		
TITLE	D S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOUIS, TERRY L		NAME		
STREET ADDRESS	2191 SW 129TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR, FL 33027		CITY - ST - ZIP		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGSTON, DENNIS B		NAME		
STREET ADDRESS	2191 SW 129th AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIRAMAR, FL 33027		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Shavonta Louis</i> / Shavonta Louis			4/24/05 (954) 432-1393		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		