

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000172581  
 1. Entity Name  
 PRECISION DIRECT MEDICAL BILLING, INC.



Principal Place of Business  
 2191 SW 129TH AVENUE  
 MIRAMAR, FL 33027

Mailing Address  
 P.O. BOX 277903  
 MIRAMAR, FL 33027



04152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 41-2163658

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOUIS, SHAVONTA S  
 2191 SW 129TH AVENUE  
 MIRAMAR, FL 33027

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOUIS, SHAVONTA S
STREET ADDRESS	2191 SW 129TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	D
NAME	LOUIS, TERRY L
STREET ADDRESS	2191 SW 129TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	DT
NAME	LANGSTON, DENNIS B
STREET ADDRESS	2191 SW 129TH AVE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000529982  
 05/05/06-80100-002 150.00

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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: Shavonta S. Louis / Shavonta S. Louis 4/20/06 (954)309-3335  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #