



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90044 013 ***150.00

DOCUMENT # P05000000506 1. Entity Name DOCTOR'S BILLING & ETHICS SEMINARS AND TRAINING, INC.					
Principal Place of Business 19046 BRUCE B. DOWNS BLVD #306 TAMPA, FL 33647			Mailing Address 19046 BRUCE B. DOWNS BLVD #306 TAMPA, FL 33647		
2. Principal Place of Business 10946 Cross Creek Blvd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 10946 Cross Creek Blvd <small>Suite, Apt. #, etc.</small>			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20249386	
Zip 33647		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KMIOTEK, CRISTINA 19046 BRUCE B. DOWNS BLVD #306 TAMPA, FL 33647				7. Name and Address of New Registered Agent Name Kmiotek, Cristina Street Address (P.O. Box Number is Not Acceptable) 10946 Cross Creek Blvd City Tampa FL Zip Code 33647	
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>Cristina Kmiotek</u> DATE <u>1-11-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KMIOTEK, CRISTINA 19046 BRUCE B. DOWNS BLVD #306 TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kmiotek, Cristina 10946 Cross Creek Blvd Tampa, FL 33647
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ECHEVERRY, GERMANIA R 19046 BRUCE B. DOWNS BLVD #306 TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Echeverry, Germania R 10946 Cross Creek Blvd Tampa, FL 33647
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, MARIA E 19046 BRUCE B. DOWNS BLVD #306 TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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>Cristina Kmiotek</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-11-06</u>		Daytime Phone # <u>813-986-2955</u>