


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90187 010 ***158.75

DOCUMENT # P05000000506	
1. Entity Name DOCTOR'S BILLING & ETHICS SEMINARS AND TRAINING, INC.	

Principal Place of Business 10946 CROSS CREEK BLVD. TAMPA, FL 33647	Mailing Address 10946 CROSS CREEK BLVD. TAMPA, FL 33647
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2. Principal Place of Business - No P.O. Box # 8538 Hunters Key Cir.	3. Mailing Address 8538 Hunters Key Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State Tampa, FL
Zip 33647	Country Hillsborough



01062007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent KMIOTEK, CRISTINA 19046 CROSS CREEK BLVD. TAMPA, FL 33647	
7. Name and Address of New Registered Agent Name Cristina E. Kmiotek Street Address (P.O. Box Number is Not Acceptable) 8538 Hunters Key Cir. 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 Cristina E. Kmiotek DATE 1/6/07

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KMIOTEK, CRISTINA 10946 CROSS CREEK BLVD. TAMPA, FL 33647 <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	ST ECHEVERRY, GERMANIA R 10946 CROSS CREEK BLVD. TAMPA, FL 33647 <input checked="" 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
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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"/> 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: Cristina E. Kmiotek Cristina E. Kmiotek 1/6/07 (813) 977-3113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #