FILED
May 17, 2007 8:00 am
Secretary of State

04-23-2007 90072 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000007705

1. Entity Name
FIRST COAST MEDICAL BILLING, INC.

Principal Place of Business	Mailing Address
3550 UNIVERSITY BLVD SOUTH SUITE 203 JACKSONVILLE, FL 32216	3550 UNIVERSITY BLVD SOUTH SUITE 203 JACKSONVILLE, FL 32216

04102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3599 University Blvd S	3599 University Blvd S
Suite, Apt. #, etc: Suite 601	Suite, Apt. #, etc.: Suite 601
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32216 Country: USA	Zip: 32216 Country: USA

4. FEI Number 87-0741978 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WP SERVICES INC 450 N. WYMORE ROAD WINTER PARK, FL 32789	Name: Chaires Hammond Street Address (P.O. Box Number is Not Acceptable): 283 Cranes Roost Blvd Suite 165 City: Altamonte Springs FL Zip Code: 32701

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: [signature] Jennifer L. Hammond Vice President 4/12/07 Chaires Hammond, P.L.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DR. KOSLOWSKI, HARRY 3550 UNIVERSITY BLVD SOUTH SUITE 203 JACKSONVILLE, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. Koslowski, Harry 3599 University Blvd S Suite 601 Jacksonville FL 32216 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/12/07 904-367-0707

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