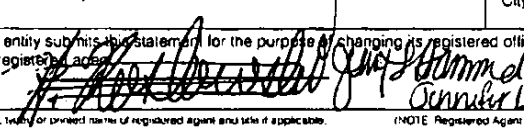
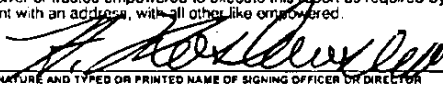


FILED
May 17, 2007 8:00 am
Secretary of State

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 3550 UNIVERSITY BLVD SOUTH SUITE 203 JACKSONVILLE, FL 32216		Mailing Address 3550 UNIVERSITY BLVD SOUTH SUITE 203 JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box # 3599 University Blvd S Suite, Apt. #, etc. Suite 601 City & State Jacksonville FL Zip 32216 Country USA		3. Mailing Address 3599 University Blvd S Suite, Apt. #, etc. Suite 601 City & State Jacksonville FL Zip 32216 Country USA	
6. Name and Address of Current Registered Agent WP SERVICES INC 450 N. WYMORE ROAD WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Charles Hammond Street Address (P.O. Box Number is Not Applicable) 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:  Charles L. Hammond, Vice President 4/12/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)			
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP DR. KOSLOWSKI, HARRY 3550 UNIVERSITY BLVD SOUTH SUITE 203 JACKSONVILLE, FL 32216 ☐ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 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	
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/12/07 904-361-0707 Daytime Phone #	