


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000010566
1. Entity Name
ANCHOR MEDICAL BILLING INC



Principal Place of Business Mailing Address
8430 SW 81 LANE 8430 SW 81 LANE
MIAMI, FL 33143-6681 US MIAMI, FL 33143-6681 US

DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2196259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREA, OLGA T
8430 SW 81 LANE
MIAMI, FL 33143-6681

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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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000834459
04/24/08-80029-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE: NAME STREET ADDRESS CITY-ST-ZIP	P,T BREA, OLGA T 8430 SW 81 LANE MIAMI, FL 331436681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S BREA, LEANDRO J 8430 SW 81 LANE MIAMI, FL 331436681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Olga T Brea* *Olga T Brea* 4/9/08 305-274-0198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #