


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90016 004 ***150.00

DOCUMENT # P05000094354 1. Entity Name XCLUSIVE MEDICAL BILLING & CONSULTING SERVICES, INC.					
Principal Place of Business 11051 SW 47 TERRACE MIAMI, FL 33165			Mailing Address 11051 SW 47 TERRACE MIAMI, FL 33165		
2. Principal Place of Business 13370 SW 131 ST SUITE 102		3. Mailing Address 10500 SW 48 ST SUITE, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-3104261	
Zip 33186		Country Dade		Zip 33165	
Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALVAREZ, GLORIA C 11051 SW 47 TERRACE MIAMI, FL 33165			7. Name and Address of New Registered Agent Name Gloria C. Alvarez Street Address (P.O. Box Number is Not Acceptable) 10500 SW 48 ST City Miami FL Zip Code 33165		
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 Gloria C. Alvarez DATE 5/10/06 <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, GLORIA C 11051 SW 47 TERRACE MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alvarez, Gloria C. 10500 SW 48 ST Miami, FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: Gloria C. Alvarez DATE 5/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40092897



05102006 Chg-P CR2E034 (11/05)

ATTACHMENT

4009289.7

**XCLUSIVE MEDICAL BILLING & CONSULTING
SERVICES, INC**

May 10, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

RE: XCLUSIVE MEDICAL BILLING & CONSULTING SERVICES, INC
P05000094354

Dear Sir or Madam:

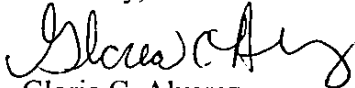
Please be advised that the above mentioned uniform business report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived, and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,



Gloria C. Alvarez
President

GA/rr