

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000109744 1. Entity Name BILCORP MEDICAL BILLING INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 12 PM 1:57

Principal Place of Business 27133 SW 134TH CT HOMESTEAD, FL 33032 US	Mailing Address 14249 SW 47 TERRACE MIAMI, FL 33175 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05092008 Chg-P CR2E034 (12/06)

4. FEI Number 41-2188071	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, KAREN 27133 SW 134TH CT HOMESTEAD, FL 33032	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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:  _____ DATE: _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	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.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input checked="" type="checkbox"/> P <input type="checkbox"/> Delete MARTINEZ, KAREN		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, KAREN		NAME	200129032982	
STREET ADDRESS	27133 SW 134TH CT		STREET ADDRESS	05/12/08--01008--019 **150.00	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> V <input type="checkbox"/> Delete MEDINA, JACQUELINE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEDINA, JACQUELINE		NAME		
STREET ADDRESS	27133 SW 134TH CT		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 FILING OFFICER OR DIRECTOR)

Date: _____ Daytime Phone #: _____