

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000116596

FILED
Jul 22, 2008
Secretary of State**Entity Name:** PHYSICIANS CHOICE MEDICAL BILLING ASSOCIATES, INC.**Current Principal Place of Business:**748 SANCTUARY COVE DRIVE
NORTH PALM BEACH, FL 33410 US**New Principal Place of Business:****Current Mailing Address:**748 SANCTUARY COVE DRIVE
NORTH PALM BEACH, FL 33410 US**New Mailing Address:****FEI Number:** 20-3336860**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KENDRICK, ROBIN S
748 SANCTUARY COVE DRIVE
NORTH PALM BEACH, FL 33410 US**Name and Address of New Registered Agent:**WINKLER ASSOCIATES, INC.
4 BEECHWOOD DRIVE
ORMOND BY THE SEA, FL 32176 US

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.

SIGNATURE: WILLIAM WINKLER, CPA

07/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: KENDRICK, ROBIN S
Address: 748 SANCTUARY COVE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33410 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: SANBORN, LINDA L
Address: 10326 MUSTANG RIDGE
City-St-Zip: CONVERSE, TX 78109 US**Title:** S () Change (X) Addition
Name: SANBORN, LINDA L
Address: 10326 MUSTANG RIDGE
City-St-Zip: CONVERSE, TX 78109 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA L. SANBORN

P

07/22/2008

Electronic Signature of Signing Officer or Director

Date