2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148527

City-St-Zip:

Entity Name: PC MEDICAL BILLING ASSOCIATES, INC

FILED Jan 06, 2006 Secretary of State

Littly Name: 101	ILDIOAL BILLING AGGGGIATEG, II	110.	
Current Principal Place of Business:		New Principal Place of Business:	
1454 LUCKY ST NW PALM BAY, FL 3290			
Current Mailing Address:		New Mailing Address:	
1454 LUCKY ST NW PALM BAY, FL 3290			
FEI Number: 20-392716	6 FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
Name and Address	of Current Registered Agent:	Name and	Address of New Registered Agent:
VOELPEL, PEGGY L 1454 LUCKY ST NW PALM BAY, FL 3290	1		
The above named er in the State of Florida	ntity submits this statement for the par.	ourpose of changing i	its registered office or registered agent, or both,
SIGNATURE:			
Ele	ctronic Signature of Registered Age	ent	Date
Election Campaign Fina	ancing Trust Fund Contribution ().		
OFFICERS AND DI	RECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition VOELPEL, PEGGY L 1454 LUCKY STREET NW PALM BAY, FL 32907
Title: Name: Address:	() Delete	Title: Name: Address:	PRES () Change (X) Addition HOLLAND, CATHY 1454 LUCKY STREET NW

City-St-Zip: PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the 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: PEGGY VOELPEL SEC 01/06/2006