# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2007**
**Secretary of State**

DOCUMENT# P06000049605

**Entity Name:** MEDICAL BILLING AND CONSULTANT SOLUTIONS CO.

**Current Principal Place of Business:**

5240 WEST FLAGLER STREET
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

5240 WEST FLAGLER STREET
MIAMI, FL 33134

**New Mailing Address:**

**FEI Number: 13-4324655** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GALVEZ, LEYDI
13490 SW 40 LANE
MIAMI, FL 33175 US

**Name and Address of New Registered Agent:**

MONTEAVRO, RAFAEL
14842 SW 149 CT
MIAMI, FL 33196 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: RAFAEL MONTEAVARO 04/28/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GALVEZ, LEYDI
Address: 5240 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33134

Title: VPD ( ) Delete
Name: MONTEAVARO, RAFAEL
Address: 5240 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RAFAEL MONTEAVARO VPD 04/28/2007
Electronic Signature of Signing Officer or Director Date