

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070729

**FILED**  
**Apr 09, 2007**  
**Secretary of State**

**Entity Name:** PREMIERE MEDICAL BILLING SERVICES, INC.

**Current Principal Place of Business:**

2672 INLAND AVE.  
NORTH PORT, FL 34288

**New Principal Place of Business:**

**Current Mailing Address:**

2672 INLAND AVE.  
NORTH PORT, FL 34288

**New Mailing Address:**

**FEI Number:** 20-4919413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEFFREY A. DOWD, P.A.  
609 W. LUMSDEN  
BRANDON, FL 33511 US

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

JEFFREY A. DOWD, P.A.  
609 W. LUMSDEN ROAD  
BRANDON, FL 33511 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: JEFFREY A. DOWD

04/09/2007

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ROJAS, MIRIAM S  
Address: 2672 INLAND AVE.  
City-St-Zip: NORTH PORT, FL 34288

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

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

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: MIRIAM S. ROJAS

PSTD

04/09/2007

Electronic Signature of Signing Officer or Director

Date