

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070729

**FILED**  
**Apr 05, 2012**  
**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:**

1581 MAILE STREET  
NORTH PORT, FL 34288

**Current Mailing Address:**

2672 INLAND AVE.  
NORTH PORT, FL 34288

**New Mailing Address:**

1581 MAILE STREET  
NORTH PORT, FL 34288

FEI Number: 20-4919413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROJAS, MIRIAM  
2672 INLAND AVE  
NORTH PORT, FL 34288 US

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

ROJAS, MIRIAM  
1581 MAILE STREET  
NORTH PORT, FL 34288 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: MIRIAM ROJAS

04/05/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ROJAS, MIRIAM S  
Address: 1581 MAILE STREET  
City-St-Zip: NORTH PORT, FL 34288

I hereby 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 all other like empowered.

SIGNATURE: MIRIAM ROJAS

PSTD

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date