


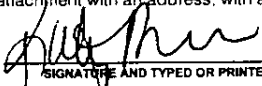


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90057 048 ***150.00

DOCUMENT # P06000112164					
1. Entity Name MED BILLING CORP					
Principal Place of Business 6615 SW 151 CT MIAMI, FL 33193			Mailing Address 6615 SW 151 CT MIAMI, FL 33193		
2. Principal Place of Business - No P.O. Box # 10912 SW 72 ST Suite, Apt. #, etc. Unit 313 City & State Miami, FL Zip 33173 Country Dade		3. Mailing Address 10912 SW 72 ST Suite, Apt. #, etc. Unit 313 City & State Miami, FL Zip 33173 Country Dade			
4. FEI Number 20-5454214		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROMERO, KATYNA 6615 SW 151 CT MIAMI, FL 33193			7. Name and Address of New Registered Agent Name: Katyna Romero Street Address (P.O. Box Number is Not Acceptable): 10912 SW 72 ST Unit 313 City: Miami FL Zip Code: 33173		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 7-1-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME ROMERO, KATYNA STREET ADDRESS 5561 SW 151 CT. CITY-ST-ZIP MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE PTD NAME Katyna Romero STREET ADDRESS 10912 SW 72 ST Unit 313 CITY-ST-ZIP Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME POLLEDO, WILLIAM STREET ADDRESS 4120 E. 10TH AVE. CITY-ST-ZIP HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete		TITLE VSD NAME William Polledo STREET ADDRESS 10912 SW 72 ST Unit 313 CITY-ST-ZIP Miami, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			PTD Katyna Romero Date: 7-1-2007 Daytime Phone #: 498-7698		