## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000130666

Entity Name: PRO MEDICAL BILLING, INC.

FILED Aug 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3511 WEST AZEELE STREET TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

P.O. BOX 10185 TAMPA, FL 33679

FEI Number: 20-5706763 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DICKINSON, JANAKA

3910 NORTH A STREET
TAMPA, FL 33609 US

NENINGER, YAMILET
4160 N. ARMENIA AVE
STE B
TAMPA, FL 33607 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: YAMILET NENINGER 08/27/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: P (X) Change ( ) Addition

Name:DICKINSON, JANAKAName:NENINGER, YAMILETAddress:3910 NORTH A STREETAddress:4160 N. ARMENIA AVE, STE B

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33607

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: YAMILET NENINGER P 08/27/2008