2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008
Secretary of State

DOCUMENT# P07000043635

Entity Name: FB MEDICAL BILLING SERVICE, INC.

Current Principal Place of Business:

8523 LOGIA CIRCLE
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

8523 LOGIA CIRCLE
BOYNTON BEACH, FL 33472 US

Current Mailing Address:

8523 LOGIA CIRCLE
BOYNTON BEACH, FL 33437 US

New Mailing Address:

8523 LOGIA CIRCLE
BOYNTON BEACH, FL 33472 US

FEI Number: 20-8818120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERLMAN, FRANK
8523 LOGIA CIRCLE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

PERLMAN, FRANK
8523 LOGIA CIRCLE
BOYNTON BEACH, FL 33472 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: FRANK PERLMAN 07/18/2008
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:

Title: P ( ) Delete
Name: PERLMAN, FRANK
Address: 8523 LOGIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: S ( ) Delete
Name: PERLMAN, BETTE
Address: 8523 LOGIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PERLMAN, FRANK
Address: 8523 LOGIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472 US

Title: S (X) Change ( ) Addition
Name: PERLMAN, BETTE
Address: 8523 LOGIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472 US

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: FRANK PERLMAN P 07/18/2008
Electronic Signature of Signing Officer or Director Date