2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# P07000063931

Entity Name: PATIENT PAYMENT SOLUTIONS, INC.

Current Principal Place of Business:

1020 NW 6TH STREET
SUITE I
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1020 NW 6TH STREET
SUITE I
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 52-2661186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, HOWARD
1020 NW 6TH STREET
SUITE I
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEOD	( ) Delete
Name:	KATZ, HOWARD	
Address:	1020 NW 6TH STREET, SUITE I	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	P	( ) Delete
Name:	KANDEL, SOLON	
Address:	1020 NW 6TH STREET, SUITE I	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	S	( ) Delete
Name:	KATZ, STEPHEN	
Address:	70 GRAND AVENUE	
City-St-Zip:	RIVER EDGE, NJ 07661	
Title:	T	( ) Delete
Name:	KATZ, HOWARD	
Address:	1020 NW 6TH STREET, SUITE I	
City-St-Zip:	DEERFIELD BEACH, FL 33442	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: HOWARD KATZ CEO 04/23/2008

Electronic Signature of Signing Officer or Director — Date