

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073969

FILED
Apr 25, 2008
Secretary of State

Entity Name: MEDICAL BILLING SOLUTIONS OF SOUTH FLORIDA, INC

Current Principal Place of Business:

3101 PORT ROYALE BLVD
#233
FT LAUDERDALE, FL 33308

New Principal Place of Business:

9818 SARATOGA PARK CIRCLE
BOCA RATON, FL 33428

Current Mailing Address:

3101 PORT ROYALE BLVD
#233
FT LAUDERDALE, FL 33308

New Mailing Address:

9818 SARATOGA PARK CIRCLE
BOCA RATON, FL 33428

FEI Number: 26-0412243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOMTOB, NADINE
3101 PORT ROYALE BLVD
#233
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

YOMTOB, NADINE
9818 SARATOGA PARK CIRCLE
BOCA RATON, FL 33428 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:

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOMTOB, NADINE
Address: 3101 PORT ROYALE BLVD #233
City-St-Zip: FT LAUDERDALE, FL 33308

Title: P () Delete
Name: YOMTOB, NADINE
Address: 3101 PORT ROYALE BLVD #233
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YOMTOB, NADINE
Address: 9818 SARATOGA PARK CIRCLE
City-St-Zip: BOCA RATON, FL 33428

Title: P (X) Change () Addition
Name: YOMTOB, NADINE
Address: 9818 SARATOGA PARK CIRCLE
City-St-Zip: BOCA RATON, FL 33428

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: NADINE YOMTOB

P

04/25/2008

Electronic Signature of Signing Officer or Director

Date