

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085635

FILED
Jul 14, 2008
Secretary of State

Entity Name: PHYSICIANS ELECTRONIC MEDICAL BILLING, INC.

Current Principal Place of Business:

638 S CRESCENT DR.
HOLLYWOOD, FL 33021

New Principal Place of Business:

4747 HOLLYWOOD BLVD
101-BX 142
HOLLYWOOD, FL 33021

Current Mailing Address:

638 S CRESCENT DR.
HOLLYWOOD, FL 33021

New Mailing Address:

4747 HOLLYWOOD BLVD
101-BX 142
HOLLYWOOD, FL 33021

FEI Number: 26-0632607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AULET, EDWINA
638 S CRESCENT DR.
HOLLYWOOD, FL 33021 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

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: AULET, EDWINA
Address: 638 S CRESCENT DR.
City-St-Zip: HOLLYWOOD, FL 33021

Title: DIR () Delete
Name: AULET, EDWINA
Address: 638 S CRESCENT DR.
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: BARRETO, SHARON
Address: 638 S CRESCENT DR.
City-St-Zip: HOLLYWOOD, FL 33021

Title: DIR () Delete
Name: BARRETO, SHARON
Address: 638 S CRESCENT DR.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: BITTAR, SILVIA
Address: 3091 PALM TRACE LANDING DR APT#1419
City-St-Zip: DAVIE, FL 33314

Title: DIR (X) Change () Addition
Name: BITTAR, SILVIA
Address: 3091 PALM TRACE LANDING DR APT#1419
City-St-Zip: DAVIE, FL 33314

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: EDWINA AULET

P

07/14/2008

Electronic Signature of Signing Officer or Director

Date