

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085635

FILED  
Aug 10, 2009  
Secretary of State

Entity Name: PHYSICIANS ELECTRONIC MEDICAL BILLING, INC.

## Current Principal Place of Business:

4747 HOLLYWOOD BLVD  
101-BX 142  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

4747 HOLLYWOOD BLVD  
101-BX 142  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 26-0632607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

AULET, EDWINA D PRES  
638 S CRESCENT DR.  
HOLLYWOOD, FL 33021 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: EDWINA AULET

08/10/2009

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

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

## 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: EDWINA AULET

PRES

08/10/2009

Electronic Signature of Signing Officer or Director

Date