


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90024 048 \*\*\*150.00

EPDVNF0U!\$ P07000105284 2/ Entity Name FIRST CHOICE MEDICAL BILLING INC.	
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Principal Place of Business 11379 LITTLE BEAR DRIVE BOCA RATON, FL 33428	Mailing Address 11379 LITTLE BEAR DRIVE BOCA RATON, FL 33428
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3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04032008 Di h.Q DS3F145!23017\*

5/ FEI Number 41-2257909	Applied For Not Applicable
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6/ Certificate of Status Desired <input type="checkbox"/>	%8/86 Beejypobm Gf!Sfrvjf e
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7/ Obn f lboe!Beef tt lpgDvss ouSf hjt uf sf elBhf ou	8/ Obn f lboe!Beef tt lpgOf x ISf hjt uf sf elBhf ou
HALL, ARLENE 11379 LITTLE BEAR DRIVE BOCA RATON, FL 33428	Name Street Address (P.O. Box Number is Not Acceptable) City GM Zip Code

9/ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	1/ Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	%6/11 NbzlCf! Beef e!up!Gf t
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21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, ARLENE 11379 LITTLE BEAR DRIVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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23/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TJHOBVFSF:  4 3 08 381 477 289

TJHOBVFSFBOEILZQFEPISQSDXFEENBNFIPQTJHODHPPGDDFSIPSEJFDUP8 Date Daytime Phone #