2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000014445

1. Entity Name
SPEEDY MEDICAL BILLING, INC.

Principal Place of Business	Mailing Address
6568 CRESTMONT GLEN LANE WINDERMERE, FL 34786	6568 CRESTMONT GLEN LANE WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

03092005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3154971	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHUJAAT, SANJEEDA
6568 CRESTMONT GLEN LANE
WINDERMERE, FL 34786

DO NOT WRITE IN THIS SPACE

8. 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 _Sanjeeda M. Shujaat_   03/10/05

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000261307
03/14/05-80005-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SHUJAAT, SANJEEDA
STREET ADDRESS	6568 CRESTMONT GLEN LANE
CITY-ST-ZIP	WINDERMERE, FL 34786

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE: _Sanjeeda M. Shujaat_   03/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #