2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# P93000047872

Entity Name: NPA MEDICAL BILLING SERVICE, INC.

Current Principal Place of Business:

19506 HIAWATHA ROAD
ODESSA, FL 33556 US

New Principal Place of Business:

441 LOWER MUSE ROAD SW
RESACA, GA 30735 US

Current Mailing Address:

PO BOX 610
ODESSA, FL 335560610 US

New Mailing Address:

441 LOWER MUSE ROAD SW
RESACA, GA 30735 US

FEI Number: 59-3190846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSTACK, SCOTT V
19506 HIAWATHA RD
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

NOBLES, EDGAR D
2315 OCCIDENT STREET
TAMPA, FL 33629 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: EDGAR D NOBLES 04/27/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOSTACK, SCOTT
Address: 19506 HIAWATHA RD
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SOSTACK, SCOTT
Address: 441 LOWER MUSE ROAD SW
City-St-Zip: RESACA, GA 30735

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: SCOTT V SOSTACK P 04/27/2008
Electronic Signature of Signing Officer or Director Date