

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000017910

1. Entity Name
MEDICAL SUPERBILLERS, INC.



Principal Place of Business Mailing Address

9785 SW 59TH STREET **9785 SW 59TH STREET**
COOPER CITY, FL 33328 US **COOPER CITY, FL 33328 US**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0487628 Not Applicable

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

6. Name and Address of Current Registered Agent

CURTISS, CANDACE
9785 SW 59TH STREET
COOPER CITY, FL 33328

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	CURTISS, CANDACE
STREET ADDRESS	9785 SW 59TH STREET
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	DP
NAME	BARR, SUZANNE
STREET ADDRESS	5770 SW 88TH AVENUE
CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/06-80008-010 150.00

12. 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.

SIGNATURE: Curtiss C Curtiss **29.6** **999** **1-800-615**

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