

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045983

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: MEDICAL BILLING SERVICES, INC.

## Current Principal Place of Business:

3100 UNIVERSITY BLVD S. #315  
JACKSONVILLE, FL 32216 US

## New Principal Place of Business:

6817 SOUTHPOINT PKWY  
SUITE 2001  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

P.O. BOX 17809  
JACKSONVILLE, FL 322457809 US

## New Mailing Address:

FEI Number: 59-3250712      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONALDSON, JOYCE M  
3100 UNIVERSITY BLVD S.  
STE 315  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

DONALDSON, JOYCE M  
6817 SOUTHPOINT PKWY  
STE 2001  
JACKSONVILLE, FL 32216 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WHEELER, TERESA D  
Address: 5363 WOODCREST ROAD  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete  
Name: DONALDSON, JOYCE M  
Address: 510 BIRD ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: JOYCE DONALDSON

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date