

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057396

FILED
Jan 16, 2007
Secretary of State

Entity Name: MEDICAL ADVANCE BILLING CORP.

Current Principal Place of Business:

5258 SW 8 ST
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

5258 SW 8 ST
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0509212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABREU, TERESITA
5258 SW 8 ST
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ABREU, TERESITA
Address: 6535 SW 48 ST
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: ABREU, JOSE L
Address: 5455 SW 8 ST, STE 225
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ABREU, TERESITA
Address: 5258 SW 8 ST
City-St-Zip: CORAL, FL 33134

Title: VP (X) Change () Addition
Name: ABREU, JOSE L
Address: 5258 SW 8 ST
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE L. ABREU

VP

01/16/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date