


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90048 001 \*\*\*150.00

<b>DOCUMENT # P94000089948</b>	
1. Entity Name PROFESSIONAL MEDICAL BILLING AND CONSULTING, INC.	

Principal Place of Business 5939 APPROACH RD. SARASOTA, FL 34238 US	Mailing Address 5939 APPROACH RD. SARASOTA, FL 34238 US
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40073600

2. Principal Place of Business - No P.O. Box # 5500 BEE RIDGE RD, #103	3. Mailing Address 5500 BEE RIDGE RD, 103
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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03212007 Chg-P CR2E034 (12/06)

City & State SARASOTA FL	City & State SARASOTA FL
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4. FEI Number 65-0543942	Applied For Not Applicable
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Zip 34233	Country SARASOTA	Zip 34233	Country SARASOTA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GRAY, PENNY 5939 APPROACH RD. SARASOTA, FL 34238	Name GRAY, PENNY Street Address (P.O. Box Number is Not Acceptable) 5500 BEE RIDGE RD STE 103 City SARASOTA FL Zip Code 34233
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS GRAY, PENNY 5939 APPROACH RD. SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4548 SATINLEAF LANE SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CASTELLANO, JOHN A 5939 APPROACH RD. SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7839 ALLEN ROBERTSON PL SARASOTA FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	PENNY GRAY PRES	4/13/07	941-377-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #