

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089948

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** PROFESSIONAL MEDICAL BILLING AND CONSULTING, INC.

**Current Principal Place of Business:**

5500 BEE RIDGE RD # 103  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

5500 BEE RIDGE RD  
STE 103  
SARASOTA, FL 34233 US

**Current Mailing Address:**

5500 BEE RIDGE RD # 103  
SARASOTA, FL 34233 US

**New Mailing Address:**

5500 BEE RIDGE RD  
STE 103  
SARASOTA, FL 34233 US

**FEI Number:** 65-0543942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, PENNY  
5500 BEE RIDGE RD # 103  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

GRAY, PENNY  
5500 BEE RIDGE RD  
STE 103  
SARASOTA, FL 34233 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:**

04/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PTS  
**Name:** GRAY, PENNY  
**Address:** 4548 SATINLEAF LANE  
**City-St-Zip:** SARASOTA, FL 34241

**Title:** T  
**Name:** GRAY, PENNY  
**Address:** 4548 SATINLEAF LANE  
**City-St-Zip:** SARASOTA, FL 34241

I hereby 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 all other like empowered.

**SIGNATURE:** PENNY GRAY

PTS

04/08/2010

Electronic Signature of Signing Officer or Director

Date