2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002691

Entity Name: RELIABLE MEDICAL BILLING SERVICE, INC.

FILED Apr 23, 2004 Secretary of State

US

Current Principal Place of Business: New Principal Place of Business:

7370 NW 36TH ST 6595 N W 36 STREET

SUITE 319A 119 MIAMI, FL 33166 US VIRGINIA GARDEN, FL 33166

Current Mailing Address: New Mailing Address:

7370 NW 36TH ST 6595 NW 36 STREET SUITE 319A 119

MIAMI, FL 33166 US VIRGINIA GARDEN, FL 33166 US

FEI Number: 65-0636756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALFONSO, JACQUELINE
1046 NW 129 PL.
MIAMI, FL 33182 US

ALFONSO, JACQUELINE
6595 N W 36 STREET
119

VIRGINIA GARDEN, FL 33182 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: 04/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ALFONSO, JACQUELINE ALFONSO, JACQUELINE Name: Name: 1046 NW 129TH PL. Address: 6595 N W 36 STREET, #119 Address: City-St-Zip: MIAMI, FL 33182 City-St-Zip: VIRGINIA GARDEN, FL 33166 US

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: JACQUELINE ALFONSO P 04/23/2004