

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002691

FILED
Apr 26, 2005
Secretary of State

Entity Name: RELIABLE MEDICAL BILLING SERVICE, INC.

Current Principal Place of Business:

6595 N W 36 STREET
119
VIRGINIA GARDEN, FL 33166 US

New Principal Place of Business:

1046 NW 129 PL
MIAMI, FL 33182 US

Current Mailing Address:

6595 NW 36 STREET
119
VIRGINIA GARDEN, FL 33166 US

New Mailing Address:

1046 NW 129 PL
MIAMI, FL 33182 US

FEI Number: 65-0636756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, JACQUELINE
6595 N W 36 STREET
119
VIRGINIA GARDEN, FL 33182 US

Name and Address of New Registered Agent:

ALFONSO, JACQUELINE
1046 NW 129 PL
MIAMI, 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:

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALFONSO, JACQUELINE
Address: 6595 N W 36 STREET, #119
City-St-Zip: VIRGINIA GARDEN, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALFONSO, JACQUELINE
Address: 1046 NW 129 PL
City-St-Zip: MIAMI, FL 33182 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

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date