


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000016572	
1. Entity Name MEDICAL BILLING CONCEPTS INC.	

Principal Place of Business 211 S FEDERAL HWY 7 & 8 BOYNTON BEACH, FL 33435 US	Mailing Address 211 S FEDERAL HWY 7 & 8 BOYNTON BEACH, FL 33435 US
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2814638	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMPSON, DANA K
 46 CITRUS PK DR
 BOYNTON BEACH, FL 33436

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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 obligation of registered agent.

SIGNATURE: Dana K Thompson DATE: 4-26-2004

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMPSON, DANA K
STREET ADDRESS	211 S FEDERAL HWY #7
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	V
NAME	BYRNES, JAMES J MD
STREET ADDRESS	237 GEORGE BUSH BLVD
CITY-ST-ZIP	DELRAY BCH, FL 33433
TITLE	ST
NAME	BUSH, CHESTER F
STREET ADDRESS	211 S FEDERAL HWY #8
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/23/04-80034-010.158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dana K Thompson DATE: 4-26-2004 DAYTIME PHONE #: 561 733 8386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR