

# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90028 048 \*\*\*150.00

**DOCUMENT # P96000065210**

1. Entity Name

QUALITY MEDICAL BILLING, INC.



Principal Place of Business

1599 N.E. 9TH AVENUE, SUITE 201  
BOCA RATON FL 33486

Mailing Address

1599 N.E. 9TH AVENUE, SUITE 201  
BOCA RATON FL 33486

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0693566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VKNS CORP.  
2424 N. FEDERAL HIGHWAY, #314  
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SMITH, PHILIP C  
STREET ADDRESS 1599 N.E. 9TH AVENUE, SUITE 201  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VD ☐ Delete  
NAME WILLIAMS, TIM  
STREET ADDRESS 1599 N.E. 9TH AVENUE, SUITE 201  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE SD ☐ Delete  
NAME SHOPE, JOHN C M.D.  
STREET ADDRESS 1599 N.E. 9TH AVENUE, SUITE 201  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE T ☐ Delete  
NAME KASPER, MICHAEL M.D.  
STREET ADDRESS 1599 N.E. 9TH AVENUE, SUITE 201  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Philip C. Smith* 4/14/2004 561-368-7766