

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-07-2005 90067 012 ***150.00

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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

66007312



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

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 reappointing)

DATE

1/31/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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

Mar 17 2005

Daytime Phone #