

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065210

FILED
Apr 22, 2008
Secretary of State

Entity Name: QUALITY MEDICAL BILLING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 65-0693566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIM R. WILLIAMS, M.D.
1599 N.W. 9TH AVENUE
SUITE 201
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, PHILLIP C
Address: 1599 N.W. 9TH AVENUE, SUITE 201
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: WILLIAMS, TIM
Address: 1599 NW. 9TH AVENUE, SUITE 201
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: SHOPE, JOHN C M.D.
Address: 1599 N.W. 9TH AVENUE, SUITE 201
City-St-Zip: BOCA RATON, FL 33486

Title: D () Delete
Name: KASPER, MICHAEL M.D.
Address: 1599 N.W. 9TH AVENUE, SUITE 201
City-St-Zip: BOCA RATON, FL 33486

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BENDA, RASHMI K M.D.
Address: 1599 N.W. 9TH AVENUE SUITE 201
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TIM R. WILLIAMS, M.D.

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date