

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000079529

Entity Name: MEDSTAT BILLING COMPANY

FILED  
Jan 23, 2006  
Secretary of State

## Current Principal Place of Business:

202 S. WHEELER ST.  
STE 204-205  
PLANT CITY, FL 33566

## Current Mailing Address:

117 W ALEXANDER ST  
#387  
PLANT CITY, FL 33566

FEI Number: 59-3403215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CYNTHIA SHOFFSTALL  
5103 MOLL ACRES DR  
PLANT CITY, FL 33567 US

## New Principal Place of Business:

202 S. WHEELER ST.  
STE 204-205  
PLANT CITY, FL 33566 US

## New Mailing Address:

202 S. WHEELER STREET  
204-205  
PLANT CITY, FL 33566 US

## Name and Address of New Registered Agent:

CASTAGNO, JOSEPH  
202 SOUTH WHEELER STREET  
204-205  
PLANT CITY, FL 33566 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: JOSEPH CASTAGNO

01/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHOFFSTALL, CYNTHIA A  
Address: 5103 MOLL ACRES DRIVE  
City-St-Zip: PLANT CITY, FL 33567

Title: SD (X) Delete  
Name: SHOFFSTALL, CARL J JR  
Address: 5103 MOLL ACRES DRIVE  
City-St-Zip: PLANT CITY, FL 33567

Title: VP (X) Delete  
Name: HEYSEK, MARY  
Address: 3203 POLO PL  
City-St-Zip: PLANT CITY, FL 33567

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CASTAGNO, JOSEPH  
Address: 202 S. WHEELER STREET SUITE 204-205  
City-St-Zip: PLANT CITY, FL 33566 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH CASTAGNO

PD

01/23/2006

Electronic Signature of Signing Officer or Director

Date