

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082580

FILED
Mar 08, 2006
Secretary of State

Entity Name: GSR PHYSICIANS BILLING SERVICE, INC.

Current Principal Place of Business:

10096 GRIFFIN ROAD
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

10096 GRIFFIN ROAD
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 65-0706637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, RONALD
10096 GRIFFIN ROAD
COOPER CITY, FL 33328 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: DP () Delete
Name: CANE, HERB
Address: 6130 NW 42 WAY
City-St-Zip: BOCA RATON, FL 33496

Title: DST () Delete
Name: JACOBSON, STEVEN J
Address: 10140 NW 13 ST
City-St-Zip: PLANTATION, FL 33322

Title: TRES () Delete
Name: JACOBSON, RONALD
Address: 4309 FOX RIDGE DRIVE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JACOBSON, RONALD
Address: 4309 FOX RIDGE DRIVE
City-St-Zip: WESTON, FL 33331

Title: VP (X) Change () Addition
Name: JACOBSON, STEVEN J
Address: 10140 NW 13 ST
City-St-Zip: PLANTATION, FL 33322

Title: TRES (X) Change () Addition
Name: JACOBSON, GARY
Address: 10140 NW 13 ST
City-St-Zip: PLANTATION, FL 33322

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: RONALD JACOBSON

PRES

03/08/2006

Electronic Signature of Signing Officer or Director

_____ Date