


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90028 006 \*\*\*150.00

<b>DOCUMENT # P96000085360</b> 1. Entity Name <b>MED PRO BILLING, INC.</b>					
Principal Place of Business <b>1928 NE 154TH ST NO MIAMI BEACH, FL 33162</b>			Mailing Address <b>1928 NE 154TH ST NO MIAMI BEACH, FL 33162</b>		
2. Principal Place of Business - No P.O. Box # <b>6191 Orange Dr.</b> Suite, Apt. #, etc. <b>STE 6167</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Ft. Lauderdale</b>		City & State			
Zip <b>33314</b>		Country <b>USA</b>		4. FEI Number <b>65-0701107</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARKS, JEFFREY N 1815 GRIFFIN ROAD SUITE 202 DANIA, FL 33004</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>BARCHAN, LEE</b> <b>1928 NE 154TH ST</b> <b>NO MIAMI BEACH, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>ZACHARIASZ, MELISSA</b> <b>1928 N.E. 159ST</b> <b>N. MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>MCGOWAN, ROSELYN</b> <b>1928 N.E. 154 ST.</b> <b>N. MIAMI BEACH, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Melissa Zachary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02-04-08 954-587-7711 <small>Date Daytime Phone #</small>		