2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# P97000019255

Entity Name: ROXY'S MEDICAL BILLING, INC.

Current Principal Place of Business:

1790 WEST 49 ST
STE 415
HIALEAH, FL 33012

New Principal Place of Business:

1790 WEST 49 ST
STE 415
HIALEAH, FL 33012 US

Current Mailing Address:

1790 WEST 49 ST
STE 415
HIALEAH, FL 33012

New Mailing Address:

1790 WEST 49 ST
STE 415
HIALEAH, FL 33012 US

FEI Number: 65-0732807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN, ROXANA
6255 SW 129TH PL., #2203
MIAMI, FL 33183 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: LYNN, ROXANA
Address: 6255 SW 129TH PL., STE. 2203
City-St-Zip: MIAMI, FL 33183

Title: VP ( ) Delete
Name: RAMIREZ, MARIA E
Address: 6255 SW 129 PL APT 2203
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROXANA LYNN DP 04/13/2006

Electronic Signature of Signing Officer or Director Date