2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000037121

1. Entity Name
COTLER MEDICAL BILLING SERVICES, INC.

Principal Place of Business	Mailing Address
901 S 62ND AVE HOLLYWOOD, FL 33023 US	901 S 62ND AVE HOLLYWOOD, FL 33023 US

DO NOT WRITE IN THIS SPACE

04042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0745974	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERRY, M COTLER DR
11352 HAWK HOLLOW ROAD
WEST PALM BEACH, FL 33467

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	COTLER, KERRY
STREET ADDRESS	901 S 62ND AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33023

TITLE	
NAME	
STREET ADDRESS	
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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: _Kerry M Cotler, PHD   4/4/06_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #