





# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90040 027 \*\*\*150.00

<b>DOCUMENT # P97000103640</b> 1. Entity Name <b>HEALTHCARE BILLING SYSTEMS, INC.</b>					
Principal Place of Business <b>2701 S RIDGEWOOD AVE S DAYTONA, FL 32119</b>				Mailing Address <b>2701 S RIDGEWOOD AVE S DAYTONA, FL 32119</b>	
2. Principal Place of Business <b>1530 Cornerstone Blvd</b>		3. Mailing Address <b>1530 Cornerstone Blvd</b>			
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc. <b>Suite 200</b>			
City & State <b>Daytona Beach, FL</b>		City & State <b>Daytona Beach, FL</b>			
Zip <b>32117</b>		Country <b>Volusia</b>		03152004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>59-3484980</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DUVA, CHARLES D 2701 S RIDGEWOOD AVE S DAYTONA, FL 32119</b>		7. Name and Address of New Registered Agent Name <b>Duva, Charles D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1530 Cornerstone Blvd</b> <b>Suite 200</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32117</b>			
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  <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D <input type="checkbox"/> Delete <b>DUVA, CHARLES D 2701 S RIDGEWOOD AVE S DAYTONA, FL 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd, Suite 200 DAYTONA BEACH, FL 32117</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HUNT, OWEN R 2701 S RIDGEWOOD AVE S DAYTONA, FL 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd, Suite 200 DAYTONA BEACH, FL 32117</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KNIGHT, STEPHEN S 2701 S RIDGEWOOD AVE S DAYTONA, FL 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd, Suite 200 Daytona Beach, FL 32117</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SAWKO, WILLIAM M 2701 S RIDGEWOOD AVE S DAYTONA, FL 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd, Suite 200 DAYTONA BEACH, FL 32117</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MARTON, PAUL C 2701 S RIDGEWOOD AVE S DAYTONA, FL 32119</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1530 Cornerstone Blvd, Suite 200 DAYTONA BEACH, FL 32117</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>  <span style="float: right;">Date _____ Daytime Phone # _____</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					