

FILED
Feb 19, 2007 08:00 AM
Secretary of State

1. Entity Name
HEALTHCARE BILLING SYSTEMS, INC.



1530 CORNERSTONE BLVD.
STE. 200
DAYTONA BEACH, FL 32117

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3484980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUVA, CHARLES D
1530 CORNERSTONE BLVD.
STE. 200
DAYTONA BEACH, FL 32117

**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 1100000924301

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

02/28/07-80020-023 150.00

10.	OFFICERS AND DIRECTORS
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TITLE	D
NAME	DUVA, CHARLES D
STREET ADDRESS	1530 CORNERSTONE BLVD., S TE. 200
CITY-ST-ZIP	DAYTONA BEACH, FL 32117

TITLE	D
NAME	HUNT, OWEN R
STREET ADDRESS	1530 CORNERSTONE BLVD., STE. 200
CITY-ST-ZIP	DAYTONA BEACH, FL 32117

TITLE	D
NAME	KNIGHT, STEPHEN S
STREET ADDRESS	1530 CORNERSTONE BLVD., STE. 200
CITY - ST - ZIP	DAYTONA BEACH, FL 32117

TITLE	D
NAME	SAWKO, WILLIAM M
STREET ADDRESS	1530 CORNERSTONE BLVD., STE. 200
CITY - ST - ZIP	DAYTONA BEACH, FL 32117

TITLE	D
NAME	MARTON, PAUL C
STREET ADDRESS	1530 CORNERSTONE BLVD., STE. 200
CITY-ST-ZIP	DAYTONA BEACH, FL 32117

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____