

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000063245

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL BILLING MANAGEMENT, INC.

**Current Principal Place of Business:**

14680 SW 8 STREET  
SUITE 211  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 940155  
MIAMI, FL 33194

**New Mailing Address:**

**FEI Number:** 52-2112092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMARAN, TERESITA  
14680 SW 8 STREET  
SUITE 211  
MIAMI, FL 33184 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: AMARAN, TERESITA  
Address: 14680 SW 8 STREET SUITE 211  
City-St-Zip: MIAMI, FL 33184

Title: DVP  
Name: AMARAN, MARTIN  
Address: 14680 SW 8 STREET SUITE 211  
City-St-Zip: MIAMI, FL 33184 US

I hereby 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 all other like empowered.

SIGNATURE: TERESITA AMARAN

PRES

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date