

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066716

FILED
Jan 03, 2005
Secretary of State

Entity Name: DOCTORS MEDICAL BILLING INC.

Current Principal Place of Business:

5162 LINTON BLVD
#206
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5162 LINTON BLVD
#206
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 65-0861552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, LYNDIA
5162 LINTON BLVD
#206
DELRAY BEACH, FL 33484 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: D () Delete
Name: SCHWARTZ, LYNDIA
Address: 5162 LINTON BLVD #206
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: HOLTZMAN, BRUCE
Address: 5162 LINTON BLVD #206
City-St-Zip: DELRAY BEACH, FL 33484

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 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 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: BRUCE J. HOLTZMAN

D

01/03/2005

Electronic Signature of Signing Officer or Director

Date