## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000066716

Entity Name: DOCTORS MEDICAL BILLING INC.

FILED Jan 11, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5162 LINT	ON BLVD				
#206 DELRAY E	BEACH, FL 3348	4 US			
Current N	lailing Address:		New Mailing Address	s:	
5162 LINT	ON BLVD				
#206 Delray e	BEACH, FL 3348	4 US			
FEI Number	: 65-0861552	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New				f New Registered Agent:	
5162 LINT #206 DELRAY E	BEACH, FL 3348				
	e named entity sul e of Florida.	omits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered Ag	gent	Date	
Election Car	mpaign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Do SCHWARTZ, LYN 5162 LINTON BLV DELRAY BEACH,	DA 'D #206	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) DO HOLTZMAN, BRUG 5162 LINTON BLV DELRAY BEACH,	CE D #206	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.P.M. D 01/11/2009