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Apr 06, 2005 8:00 am
Secretary of State
03-04-2005 90095 038 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000080475

1. Entity Name
MEDICBILL ENTERPRISES, INC.

66008785

02022005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~9380 S.W. 72ND STREET~~	~~9380 S.W. 72ND STREET~~
~~SUITE B-185~~	~~SUITE B-185~~
MIAMI, FL ~~33173~~ US	MIAMI, FL ~~33173~~ US

2. Principal Place of Business		3. Mailing Address	
11240 SW 88 St		PO BOX 833383	
Suite, Apt. #, etc.: Suite 203		Suite, Apt. #, etc.	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33176	Country: DADE	Zip: 33283	Country: DADE

4. FEI Number: 65-0870985 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIO, LYDIA M
~~9380 S.W. 72ND STREET~~
~~SUITE B-185~~
MIAMI, ~~FL 33173~~

7. Name and Address of New Registered Agent

Name: LYDIA M RUBIO
Street Address (P.O. Box Number is Not Acceptable): 11240 SW 88 St #203
City: MIAMI FL Zip Code: 33176

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 ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIO, LYDIA M ~~9380 SW 72 ST #B-185~~ ~~MIAMI, FL 33173~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11240 SW 88 St Suite 203 MIAMI FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: Lydia M Rubio 3/1/05 (305) 279-3150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #