

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092944

FILED
May 31, 2006
Secretary of State

Entity Name: EAST COAST MEDICAL BILLING, INC.

Current Principal Place of Business:

2801 SW 3RD AVENUE
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

3191 CORAL WAY
SIXTH FLOOR
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-0876943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZO, CARMEN
2801 SW 3RD AVENUE
MIAMI, FL 33129 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POZO, JAMES
Address: 2801 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: V () Delete
Name: POZO, CARMEN
Address: 2801 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: S (X) Delete
Name: LEON, SANDRA
Address: 2725 SW 80TH AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: CARMEN POZO

VP

05/31/2006

Electronic Signature of Signing Officer or Director

_____ Date