

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90153 039 ***150.00

DOCUMENT # P99000043638



1. Entity Name
S.B. MEDICAL BILLING, INC.

Principal Place of Business
**3375 BURNS ROAD
#206
PALM BEACH GARDENS, FL 33410**

Mailing Address
**3375 BURNS ROAD
#206
PALM BEACH GARDENS, FL 33410**

40067152



2. Principal Place of Business
11911 U.S. Hwy. One
Suite, Apt. #, etc.

3. Mailing Address
701 Brickell Ave.
Suite, Apt. #, etc.
Suite 3000

04062005 Chg-P CR2E034 (10/03)

City & State
N. Palm Beach, FL

City & State
Miami, FL

4. FEI Number
65-0922476

Applied For
Not Applicable

Zip
33408

Country
Palm Beach

Zip
33131

Country
Dade

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

6. Name and Address of Current Registered Agent

**SHUSTER, PHYLLIS L ESQ.
ARNSTEIN & LEIR LLP
515 NORTH FLAGLER DRIVE, SUITE 600
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Intrastate Registered Agent Corp.

Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Ave.

Suite 3000

City
Miami

FL

Zip Code
33131

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PROVENZANO, CAMILLE
1505 OCEAN DUNES CIRCLE
JUPITER, FL 33477** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

PROVENZANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/2005
Date

(Sd) 691-8895
Daytime Phone #