

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000043638

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

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

784 U.S. HIGHWAY ONE  
#17  
NORTH PALM BEACH, FL 33408 UN

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 30669  
NORTH PALM BEACH, FL 33420 UN

**New Mailing Address:**

P.O. BOX 30069  
PALM BEACH GARDENS, FL 33420 UN

FEI Number: 65-0922476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHUSTER LEGAL SOLUTIONS, LLC.  
4440 PGA BOULEVARD  
#600  
PALM BEACH GARDENS, FL 33410 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

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: PROVENZANO, CAMILLE  
Address: 1505 OCEAN DUNES CIRCLE  
City-St-Zip: JUPITER, FL 33477

I hereby 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 all other like empowered.

SIGNATURE: CAMILLE PROVENZANO

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date