

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055228

Entity Name: E-MEDICAL BILLING, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

7376 S.W. 80TH ST., PLAZA
#259
MIAMI, FL 33143

Current Mailing Address:

7376 S.W. 80TH ST., PLAZA
#259
MIAMI, FL 33143

New Principal Place of Business:

2457 COLLINS AVENUE
#1404
MIAMI BEACH, FL 33140

New Mailing Address:

2457 COLLINS AVENUE
#1404
MIAMI BEACH, FL 33140

FEI Number: 65-0926382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, KARLA J
7384 S.W. 80TH ST., PLAZA #154
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

GARCIA, KARLA J
2457 COLLINS AVENUE
#1404
MIAMI BEACH, FL 33140 US

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: KARLA GARCIA

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA, KARLA J
Address: 7376 SW 80 ST PLAZA., #259
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GARCIA, KARLA J
Address: 2457 COLLINS AVENUE #1404
City-St-Zip: MIAMI BEACH, FL 33140

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: KARLA J GARCIA

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date