

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060392

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: SUPERIOR MEDICAL BILLING SERVICES, INC.

## Current Principal Place of Business:

2001 SW 139 AVE  
MIAMI, FL 33175

## New Principal Place of Business:

9380 SW 72 ST  
B-185  
MIAMI, FL 33173

## Current Mailing Address:

2001 SW 139 AVE  
MIAMI, FL 33175

## New Mailing Address:

5435 N GARLAND AVE  
140-312  
GARLAND, TX 75040

FEI Number: 65-0932509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENDIVE-GARCIA, YIN H  
2001 SW 139 AVE  
MIAMI, FL 33175 US

## Name and Address of New Registered Agent:

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DR  
200  
MIAMI, FL 33126 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: DOMINGO ALONSO

01/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MENDIVE-GARCIA, YIN H  
Address: 2001 SW 139 AVE  
City-St-Zip: MIAMI, FL 33175

Title: STD (X) Delete  
Name: GARCIA, JULIO E  
Address: 2001 SW 139 AVENUE  
City-St-Zip: MIAMI, FL 33175

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MENDIVE-GARCIA, YIN H  
Address: 9380 SW 72 ST, STE B-185  
City-St-Zip: MIAMI, FL 33173

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: YIN H. MENDIVE-GARCIA

PSTD

01/06/2007

Electronic Signature of Signing Officer or Director

Date