## . 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2007 08:00 AM Secretary of State

5/33/14 STREET DAVIE, FL 33314  2. Principal Prace of Business - No P.O. Box #	DOCUMENT # P9900060557  1. Entity Name DOCTOR'S QUALITY BILLING SERVICE, INC.								S	ecreta	ry of	State
Suite, Apt. # etc.  Suits, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$5.75 Addition Fan Required								1 111111111111	<b>                                    </b>	I <b>a</b> ku <b>ra</b> ni <b>a ci</b> nin <b>ra</b> ni	I Bride Birti II	P   P G
City & State  City & State Desired   \$8.75 Additional   \$9.75	2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Signatures  Zip  Country  Zip  Country  Signatures  Si	Sulte, Apt. #. etc.				Suite, Apt. #, etc.			01262007	Chg-P	CR2E03	4 (12/06)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name    Street Address (P.O. Box Number is Not Acceptable)	City & State				City & State							
HIGGINS, ROBERT J 5730 SW 56TH STREET DAVIE, FL 33314    City   FL   Zip Code	Zip	Country			Zip Ci		itry	5. Certificate	e of Status Desired			
Street Address (P.O. 9cx Number is Not Acceptable)  Street Address (P.O. 9cx Number is Not Acceptable)  City FL Zip Code  City FL Now, in the State of Fortia. I sen familiar with, and accept the colligations of registered agent.  SIGNATURE:  Signature Type or printer name of registered agent are star applicable. (NOTE Registered agent during the new printer name of registered agent.)  PILE NOW, it is stated the start of the purpose of changing its registered agent during the new printer name of registered agent.  PILE NOW, it is start of the start of the purpose of changing its registered agent during the new printer name of registered agent.  PILE NOW, its FLE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOW, Its FLE IS \$150.00  After May 1, 2007 Fee will be \$550.00  TILE NOW.  IN PILE NOW, Its FLE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOW, Its FLE IS \$150.00  After May 1, 2007 Fee will be \$550.00  TILE NOW.  IN PILE NOW, Its FLE IS \$150.00  After May 1, 2007 Fee will be \$550.00  PILE NOW, Its FLE IS \$150.00  After May 1, 2007 Fee will be \$550.00  TILE NOW.  SIRET ALDRESS OCH 51.79  Delete TILE OLD DELete TILE	6. Name and Address of Current Registered Agent						Name	7. Name an	d Address of New	Registered Ag	jent	
8. The above named entity submits trils 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:    FILE MOWIT FEE IS \$150,00	5730 SW 56TH STREET						Street Address	(P.O. Box Numb	per is Not Acceptat	ole)	· · · · · · · · · · · · · · · · · · ·	
The Delta Name    Price   Pric							City			FL	Zip Cod	le
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   Gloris, ROBERT J   Grange   Addition   NAME   HIGGINS, ROBERT J   STREET ADDRESS   D4/23/07-80030-024 150.00   CITY-ST-2P   DAVIE, FL 33314   GTT-ST-2P    TITLE   Gloris   Grange   Addition   NAME   STREET ADDRESS   GTT-ST-2P   TITLE   Gloris   GTT	the obligations of registered agent.  SIGNATURE											
TITLE NAME HIGGINS, ROBERT J NAME NUME ADDRESS STREAM STEET ADDRESS STREAM ADDRESS CITY-ST-ZP DAVIE, FL 33314 STREAM STREAM ADDRESS CITY-ST-ZP STREA	1 165 110 1111   1 1 1 1 0 4 1 0 1 1 0 1 0 1 1 1 1 1 1 1											
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplementar Teport 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 add/ess, with all other like empowered.  SIGNATURE:	NAME Street address				☐ Delete	nami Stre	E Et adoress				_ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementar Peport 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 trustuce) 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:	NAME STREET ADDRESS				☐ Delete	NAME STRE	ET ADDRESS			(	_ Change	Addition
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SIGNATURE AND REPED OR PRINTED NAME OF SIGNING DEFICEIGOR DIRECTOR   Date   Dayling Proce #												