2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2007
Secretary of State

DOCUMENT# P99000068293

Entity Name: KEYS MEDICAL BILLING, INC.

Current Principal Place of Business:

3314 NORTHSIDE DRIVE SUITE 28A
KEY WEST, FL 33040

New Principal Place of Business:

5450 MACDONALD AVE, SUITE #12
KEY WEST, FL 33040

Current Mailing Address:

3314 NORTHSIDE DRIVE SUITE 28A
KEY WEST, FL 33040

New Mailing Address:

PO BOX 2122
KEY WEST, FL 33045

FEI Number: 65-0947604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECKSTEIN, ALAN ESQ.
3010 FLAGLER AVENUE
KEY WEST, FL 33040 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KNERR, DENISE M
Address: 3314 NORTHSIDE DRIVE SUITE 28A
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: KNERR, DENISE M
Address: PO BOX 2122
City-St-Zip: KEY WEST, FL 33045

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: DENISE KNERR DP 04/01/2007

Electronic Signature of Signing Officer or Director — Date