

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05269

FILED
Jan 13, 2004
Secretary of State

Entity Name: MEDICAL BILLING & PRACTICE MANAGEMENT CONSULTANTS, INC.

Current Principal Place of Business:

4960 SW 72 AVENUE
SUITE 401/405
MIAMI, FL 33155 US

New Principal Place of Business:

717 CONSTITUTION DRIVE
STE 202
EXTON, PA 19341 US

Current Mailing Address:

717 CONSTITUTION DRIVE, SUITE 202
EXTON, PA 19341

New Mailing Address:

717 CONSTITUTION DRIVE, SUITE 202
202
EXTON, PA 19341

FEI Number: 65-0322362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: P () Delete
Name: MAUCH, ROBERT
Address: 717 CONSTITUTION DR, SUITE 202
City-St-Zip: EXTON, PA 19341

Title: T () Delete
Name: WEIKEL, TERRY Q
Address: 717 CONSTITUTION DR, SUITE 202
City-St-Zip: EXTON, PA 19341

Title: S () Delete
Name: JANAS, ANDREW
Address: 717 CONSTITUTION DR, SUITE 202
City-St-Zip: EXTON, PA 19341

Title: D (X) Delete
Name: MAUCH, ROBERT
Address: 717 CONSTITUTION DR, SUITE 202
City-St-Zip: EXTON, PA 19341

Title: D (X) Delete
Name: CAMPBELL, GREGORY
Address: 8 TWIN CREEK LN
City-St-Zip: BERWYN, PA 19341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: WEIKEL, TERRY Q
Address: 717 CONSTITUTION DR, SUITE 202
City-St-Zip: EXTON, PA 19341

Title: SEC (X) Change () Addition
Name: TRAHAN, ED
Address: 717 CONSTITUTION DR, SUITE 202
City-St-Zip: EXTON, PA 19341

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Section 119.07(3)(i), 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: TERRY WEIKEL

TRES

01/13/2004

Electronic Signature of Signing Officer or Director

_____ Date