

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000111860

**Entity Name:** PROFESSIONAL MED BILLING, INC.

**Current Principal Place of Business:**

701 N HERCULES AVE  
SUITE C  
CLEARWATER, FL 33765

**Current Mailing Address:**

701 N HERCULES AVE  
SUITE C  
CLEARWATER, FL 33765-3937 US

**FEI Number:** 59-3680265

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHERMAN, MARGERY J  
701 N HERCULES AVE  
SUITE C  
CLEARWATER, FL 33765-3937 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name SHERMAN, MARGERY  
Address 701 N HERCULES AVE  
SUITE C  
City-State-Zip: CLEARWATER FL 33765-3937

Title VTD  
Name SHERMAN, MARGERY  
Address 701 N HERCULES AVE  
SUITE C  
City-State-Zip: CLEARWATER FL 33765-3937

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARGERY SHERMAN

**PRESIDENT**

**01/29/2025**

Electronic Signature of Signing Officer/Director Detail

Date