

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000111860

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

**Current Principal Place of Business:**

1212 S HIGHLAND AVENUE  
CLEARWATER, FL 33756

**Current Mailing Address:**

1212 S HIGHLAND AVENUE  
CLEARWATER, FL 33756

**FEI Number:** 59-3680265

**Certificate of Status Desired:** No

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

SHERMAN, MARGERY J  
1212 S HIGHLAND AVENUE  
CLEARWATER, FL 33756 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 1212 S HIGHLAND AVENUE  
City-State-Zip: CLEARWATER FL 33756

Title VTD  
Name SHERMAN, MARGERY  
Address 1212 S HIGHLAND AVENUE  
City-State-Zip: CLEARWATER FL 33756

*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**

**01/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date