#### 2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000111860

Entity Name: PROFESSIONAL MED BILLING, INC.

### **Current Principal Place of Business:**

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

# **Current Mailing Address:**

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

### FEI Number: 59-3680265

#### 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

## Officer/Director Detail :

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

08/12/2021

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No