

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000065210

Entity Name: QUALITY MEDICAL BILLING, INC.

Current Principal Place of Business:

1599 N.W. 9TH AVENUE,
SUITE 201
BOCA RATON, FL 33486

Current Mailing Address:

1599 N.W. 9TH AVENUE,
SUITE 201
BOCA RATON, FL 33486

FEI Number: 65-0693566

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, TIM R
1599 N.W. 9TH AVENUE
SUITE 201
BOCA RATON, FL 33486 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 D
Name SMITH, PHILLIP CM.D.
Address 1599 N.W. 9TH AVENUE, SUITE 201
City-State-Zip: BOCA RATON FL 33486

Title D
Name KASPER, MICHAEL E. M.D.
Address 1599 N.W. 9TH AVENUE, SUITE 201
City-State-Zip: BOCA RATON FL 33486

Title D
Name WILLIAMS, TIM RM.D.
Address 1599 NW. 9TH AVENUE, SUITE 201
City-State-Zip: BOCA RATON FL 33486

Title DIRECTOR
Name SHOPE, ELANA
Address 1599 N.W. 9TH AVENUE,
SUITE 201
City-State-Zip: BOCA RATON FL 33486

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: TIMOTHY WILLIAMS

DIRECTOR

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date