

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002022

**Entity Name:** PROFESSIONAL MEDICAL BILLING ASSOCIATES, INC.

**Current Principal Place of Business:**

210 SUMMIT AVENUE  
BLG B  
MONTVALE, NJ 07645

**Current Mailing Address:**

210 SUMMIT AVENUE  
BLDG B  
MONTVALE, NJ 07645

**FEI Number:** 22-3482614

**Certificate of Status Desired:** No

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

MUNI, ANNA  
917 RINEHART ROAD, SUITE 1001  
LAKE MARY, FL 32746 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 CPST  
Name MURPHY, ROBERT  
Address 108 VILLAGE SQUARE SUITE 312  
City-State-Zip: SOMERS NY 10589

*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:** ROBERT MURPHY

**PRESIDENT**

**03/18/2015**

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

\_\_\_\_\_  
Date