

2017 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

PRES

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date