2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P04000056196

Entity Name: CODING AND PHYSICIAN REIMBURSEMENT ANALYSTS, INC.

Current Principal Place of Business:

5510 MURRELL RD.
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

21 SUNTREE PL
MELBOURNE, FL 32940

New Mailing Address:

5510 MURRELL RD.
VIERA, FL 32940

FEI Number: 20-0902838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, JOEL E
709 S HARBOR CITY BLVD
SUITE 230
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FREEMAN, L. NEAL MD
Address: 799 GLENGARRY DR
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: FREEMAN, L. NEAL MD
Address: 799 GLENGARRY DR
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: L. NEAL FREEMAN PRES 03/27/2009

Electronic Signature of Signing Officer or Director — Date