

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000033544

Entity Name: LI MEDICAL BILLING, INC

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

7220 NW 36 STREET
315
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7220 NW 36 STREET
315
MIAMI, FL 33166

New Mailing Address:

FEI Number: 26-4672375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLO, LUIS F
7220 NW 36 STREET
SUITE 315
MIAMI, FL 33166 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

OFFICERS AND DIRECTORS:

Title: P
Name: GALLO, LUIS
Address: 7220 NW 36 STREET #315
City-St-Zip: MIAMI, FL 33166

Title: VP
Name: GALLO, IVON
Address: 7220 NW 36 STREET # 315
City-St-Zip: MIAMI, FL 33166

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: LUIS F GALLO

P

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date