

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000032043

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** RELIABLE PHYSICIAN'S BILLING, INC

**Current Principal Place of Business:**

1401 SW 86 AVENUE  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

1401 SW 86 AVENUE  
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

**FEI Number:** 27-2333056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAMA, CECILIA  
1401 SW 86 AVENUE  
PEMBROKE PINES, FL 33025 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:** SAMA, CECILIA  
**Address:** 1401 SW 86 AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33025 US

**Title:** VP  
**Name:** PARRALES, LESTER  
**Address:** 1401 SW 86 AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33025 US

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: CECILIA SAMA

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date