

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061760

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: SUNBELT MEDICAL BILLINGS, INC.

**Current Principal Place of Business:**

3020 NE 32ND AVENUE SUITE #326  
FT. LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

3020 NE 32ND AVENUE  
SUITE 326  
FT. LAUDERDALE, FL 33308 US

**Current Mailing Address:**

3020 NE 32ND AVENUE SUITE #326  
FT. LAUDERDALE, FL 33308 US

**New Mailing Address:**

3020 NE 32ND AVENUE  
SUITE 326  
FT. LAUDERDALE, FL 33308 US

FEI Number: 65-0519430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STACHWITSCH, ANDRE  
3020 NE 32ND AVENUE SUITE #326  
FT. LAUDERDALE, FL 33308 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: PRES  
Name: STACHEWITSCH, MARC  
Address: 3020 NE 32ND AVENUE SUITE #326  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: VP  
Name: STACHEWITSCH, ANDRE  
Address: 3020 NE 32ND AVENUE SUITE #326  
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: VP  
Name: FRIEDEWALD, DON E JR  
Address: 3020 NE 32ND AVENUE SUITE #326  
City-St-Zip: FT. LAUDERDALE, FL 33308 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: DON E FRIEDEWALD JR

VP

04/25/2011

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

\_\_\_\_\_ Date