

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000018736

**Entity Name:** MEDCODING BILLING SERVICE, INC.

**Current Principal Place of Business:**

6705 EAGLE RIDGE DR  
GREENACRES, FL 33413

**Current Mailing Address:**

6705 EAGLE RIDGE DR  
GREENACRES, FL 33413 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

VARGAS, ESPERANZA B  
6705 EAGLE RIDGE DR  
GREENACRES, FL 33413 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 P  
Name VARGAS, ESPERANZA B  
Address 6705 EAGLE RIDGE DR  
City-State-Zip: GREENACRES FL 33413

Title VP  
Name GIACOBBA, JOHN JR  
Address 5105 ELPINE WAY  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** VARGAS , ESPERANZA B

**PRESIDENT**

**02/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date