

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000061760

**Entity Name:** SUNBELT MEDICAL BILLINGS, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0519430

**Certificate of Status Desired:** No

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

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

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

Title            VP  
Name            GORDON, JON  
Address        3020 NE 32ND AVENUE SUITE #326  
City-State-Zip: FT. LAUDERDALE FL 33308

*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:** ANDRE STACHEWITSCH

VP

02/14/2016

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

\_\_\_\_\_ Date