

2015 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 FRIEDEWALD, DON EJ
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: DON FRIEDEWALD JR

VP

04/26/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date