

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004143

1. Entity Name
MULTIMED BILLING SERVICE, INC.



Principal Place of Business
21 OSWEGO STREET
BALDWINVILLE, NY 13027

Mailing Address
P.O. BOX 535
BALDWINVILLE, NY 13027



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1427949

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
LONG, WILLIAM M
21 OSWEGO STREET
BALDWINVILLE, NY 13027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
LONG, WILLIAM
21 OSWEGO STREET
BALDWINVILLE, NY 13027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
FORGIONE, FRANCES M
21 OSWEGO STREET
BALDWINVILLE, NY 13027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SHIPMAN, WILLIAM L
21 OSWEGO STREET
BALDWINVILLE, NY 13027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LANDERS, SHARON
21 OSWEGO STREET
BALDWINVILLE, NY 13027

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CD
WEINTRAUB, ALLAN B
21 OSWEGO STREET
BALDWINVILLE, NY 13027

900133810429
07/31/08--01011--003 **\$550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/08 315-635-1789

Date

Daytime Phone #