

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004143

FILED
Jul 02, 2009
Secretary of State

Entity Name: MULTIMED BILLING SERVICE, INC.

Current Principal Place of Business:

21 OSWEGO STREET
BALDWINVILLE, NY 13027

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 535
BALDWINVILLE, NY 13027

New Mailing Address:

FEI Number: 16-1427949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LONG, WILLIAM M
Address: 21 OSWEGO STREET
City-St-Zip: BALDWINVILLE, NY 13027 US

Title: PSD () Delete
Name: LONG, WILLIAM
Address: 21 OSWEGO STREET
City-St-Zip: BALDWINVILLE, NY 13027

Title: TD () Delete
Name: FORGIONE, FRANCES M
Address: 21 OSWEGO STREET
City-St-Zip: BALDWINVILLE, NY 13027

Title: VD () Delete
Name: SHIPMAN, WILLIAM L
Address: 21 OSWEGO STREET
City-St-Zip: BALDWINVILLE, NY 13027

Title: D () Delete
Name: LANDERS, SHARON
Address: 21 OSWEGO STREET
City-St-Zip: BALDWINVILLE, NY 13027

Title: CD () Delete
Name: WEINTRAUB, ALLAN B
Address: 21 OSWEGO STREET
City-St-Zip: BALDWINVILLE, NY 13027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM LONG

CEO

07/02/2009

Electronic Signature of Signing Officer or Director

Date