

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007788

FILED
Feb 22, 2010
Secretary of State

Entity Name: MEDICAL TRANSCRIPTION BILLING, CORP.

Current Principal Place of Business:

7 CLYDE ROAD, SUITE 201
SOMERSET, NJ 08873

New Principal Place of Business:

Current Mailing Address:

7 CLYDE ROAD, SUITE 201
SOMERSET, NJ 08873

New Mailing Address:

FEI Number: 22-3832302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, RONALD B
SUITE 400, 9200 S. DADELAND BLVD
MIAMI, FL 33256 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CT
Name: HAQ, MAHMUD U
Address: 7 CLYDE ROAD, SUITE 201
City-St-Zip: SOMERSET, NJ 08873

Title: DP
Name: ROSENBLUM, DAVID
Address: 7 CLYDE ROAD, SUITE 201
City-St-Zip: SOMERSET, NJ 08873

Title: V
Name: GOETSCH, LORAINÉ
Address: 7 CLYDE ROAD, SUITE 201
City-St-Zip: SOMERSET, NJ 08873

Title: S
Name: SNYDER, STEPHEN A
Address: 7 CLYDE ROAD, SUITE 201
City-St-Zip: SOMERSET, NJ 08873

Title: MGR
Name: SALIMBENE, CHRISTINE
Address: 7 CLYDE ROAD, SUITE 201
City-St-Zip: SOMERSET, NJ 08873

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: CHRISTINE SALIMBENE

MGR

02/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date