

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006405

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: MILLENNIUM MEDICAL BILLING, INC.

**Current Principal Place of Business:**

303 WILLIAMS AVENUE, STE. 129  
HUNTSVILLE, AL 35801

**New Principal Place of Business:**

**Current Mailing Address:**

303 WILLIAMS AVENUE, STE. 129  
HUNTSVILLE, AL 35801

**New Mailing Address:**

FEI Number: 63-1193282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COPELAND, MONICA  
4205 BELLFORT RD STE 2065  
JACKSONVILLE, FL 32216 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: S            (X) Delete  
Name: PINSON, THOMAS L  
Address: 303 WILLIAM AVE., STE. 129  
City-St-Zip: HUNTSVILLE, AL 35801

Title: S            ( ) Delete  
Name: MELVIN, ROSS B JR.  
Address: 303 WILLIAMS AVE., STE. 129  
City-St-Zip: HUNTSVILLE, AL 35801

Title: S            ( ) Delete  
Name: BIBB, ALAN B  
Address: 303 WILLIAM AVE., STE. 129  
City-St-Zip: HUNTSVILLE, AL 35801

Title: P            ( ) Delete  
Name: SEGARS, MICHAEL K  
Address: 303 WILLIAM AVE., STE. 129  
City-St-Zip: HUNTSVILLE, AL 35801

**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:

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: MIKE SEGARS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DIR.

04/22/2009

\_\_\_\_\_ Date