

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009560

FILED  
Jun 13, 2012  
Secretary of State

**Entity Name:** FLORIDA MEDICAL BILLING AND EHR ASSOCIATION, INC

**Current Principal Place of Business:**

12550 BISCAYNE BLVD  
400  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

12550 BISCAYNE BLVD  
400  
NORTH MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BARRIOS-BALBIN, LOUIS M  
201 ALHAMBRA CIRCLE  
500  
CORAL GABLES,, FL 33134 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CASTRANOVA, JOSEPH III  
Address: 12550 BISCAYNE BLVD, SUITE 400  
City-St-Zip: MIAMI, FL 33181

Title: VP  
Name: KING, ANNA R  
Address: 18181 NE 31 COURT, SUITE 2407  
City-St-Zip: AVENTURA, FL 33160

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH CASTRANOVA III

PRES

06/13/2012

Electronic Signature of Signing Officer or Director

Date