

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019626

FILED
Feb 15, 2008
Secretary of State

Entity Name: GULFCOAST MEDICAL BILLING, INC.

Current Principal Place of Business:

2680 HUNT ROAD
TARPON SPRINGS, FL 346887335

New Principal Place of Business:

Current Mailing Address:

2680 HUNT ROAD
TARPON SPRINGS, FL 346887335

New Mailing Address:

FEI Number: 59-3630621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAVELING, BARBARA
2680 HUNT ROAD
TARPON SPRINGS, FL 346887335 US

Name and Address of New Registered Agent:

RAVELING, BARBARA P
2680 HUNT ROAD
TARPON SPRINGS, FL 346887335 US

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: BARBARA P. RAVELING

02/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OP () Delete
Name: RAVELING, BARBARA
Address: 2680 HUNT RD
City-St-Zip: TARPON SPRINGS, FL 346887335

Title: OP () Delete
Name: RAVELING, BARBARA PRES
Address: 2680 HUNT RD
City-St-Zip: TARPON SPRINGS, FL 346887335

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OP (X) Change () Addition
Name: RAVELING, BARBARA P
Address: 2680 HUNT RD
City-St-Zip: TARPON SPRINGS, FL 346887335

Title: OP (X) Change () Addition
Name: RAVELING, BARBARA P PRES
Address: 2680 HUNT RD
City-St-Zip: TARPON SPRINGS, FL 346887335

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: BARBARA P. RAVELING

PRES

02/15/2008

Electronic Signature of Signing Officer or Director

Date