2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2009
Secretary of State

DOCUMENT# P01000008666

Entity Name: TMI MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

6073 NW 167TH ST.
C-27
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

341 NW 109 AVE
APT 7
MIAMI, FL 331725242 US

New Mailing Address:

FEI Number: 65-1073796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGUANZO, TINA M
341 NW 109 AVE
#7
MIAMI, FL 331725242 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: P ( ) Delete
Name: INGUANZO, TINA M
Address: 341 NW 109 AVE #7
City-St-Zip: MIAMI, FL 331725242

Title: S ( ) Delete
Name: HUGHES, RACHEL
Address: 3100 SW 130 AVE
City-St-Zip: MIAMI, FL 33175

Title: VP ( ) Delete
Name: HUGHES, JENNIFER
Address: 341 NW 109 AVE #7
City-St-Zip: MIAMI, FL 33172

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:

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: TINA INGUANZO P 08/10/2009

Electronic Signature of Signing Officer or Director — Date