2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 13, 2009
Secretary of State

DOCUMENT# P02000047784

Entity Name: MEDICAL BILLING & RECOVERY SYSTEMS, INC.

Current Principal Place of Business:

2355 HARLOCK ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

2355 HARLOCK ROAD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 16-1617700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOTTO, NANCY
2355 HARLOCK ROAD
MELBOURNE, FL 32934 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: NANCY BOTTO 11/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BOTTO, NANCY
Address: 2355 HARLOCK ROAD
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: NANCY BOTTO OWNE 11/13/2009
Electronic Signature of Signing Officer or Director Date