

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000129230

Entity Name: POD BILLING SERVICE, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

19594 SATURNIA LAKES DRIVE  
BOCA RATON, FL 33498

**New Principal Place of Business:**

6590 WEST ROGERS CIRCLE  
SUITE 10  
BOCA RATON, FL 33486

**Current Mailing Address:**

P.O. BOX 480522  
DELRAY BEACH, FL 33446

**New Mailing Address:**

FEI Number: 52-2388137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PACKMAN, AMIE  
19594 SATURNIA LAKES DRIVE  
BOCA RATON, FL 33498 US

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

PACKMAN, AMIE  
6590 WEST ROGERS CIRCLE  
SUITE 10  
BOCA RATON, FL 33486 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/26/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLE, JASON  
Address: P.O. BOX 480522  
City-St-Zip: DELRAY BEACH, FL 33446

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

SIGNATURE: JASON COLE

P

04/26/2011

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

\_\_\_\_\_  
Date