

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022367

Entity Name: TROPICAL MEDBILL, INC.

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

12734 KENWOOD LANE
SUITE 84
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
SUITE 84
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 04-3742628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, ALEXIS
13180 N. CLEVELAND AVENUE
139
FORT MYERS, FL 33903 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UTTLEY, THOMAS DR.
Address: 1002 CLARELLEN DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: ST () Delete
Name: UTTLEY, JUDI
Address: 1002 CLARELLEN DRIVE
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: UTTLEY, THOMAS DR.
Address: 1712 SE 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

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: CHRISTY OFFERMAN

MGR

02/16/2009

Electronic Signature of Signing Officer or Director

Date