

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000030487

FILED
Mar 03, 2009
Secretary of State**Entity Name:** MONTI ELIGIBILITY & DENIAL SOLUTIONS, INC.**Current Principal Place of Business:**540 S. PINE MEADOW DRIVE
DEBARY, FL 32713**New Principal Place of Business:****Current Mailing Address:**540 S. PINE MEADOW DRIVE
DEBARY, FL 32713**New Mailing Address:****FEI Number:** 75-3107150**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MONTI, PATRICIA SUE
540 S. PINE MEADOW DRIVE
DEBARY, FL 32713 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

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: MONTI, PATRICIA SUE
Address: 540 S. PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

Title: O () Delete
Name: FRANKS, PAUL C
Address: 12537 MISSION HILLS DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: HANELINE, THERESA A
Address: 7823 DELCON DR
City-St-Zip: FORT WAYNE, IN 46809 US

Title: O () Change (X) Addition
Name: STREETS, MICHAEL D
Address: 2340 GARDNER ROAD
City-St-Zip: ALVA, FL 33920 US

Title: O () Change (X) Addition
Name: STREETS, KAREN G
Address: 2340 GARDNER
City-St-Zip: ALVA, FL 33920 US

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: THERESA A HANELINE

O

03/03/2009

Electronic Signature of Signing Officer or Director

Date