2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 04, 2009
Secretary of State

DOCUMENT# P04000013376

Entity Name: FINLAY MEDICAL BILLING CORP.

Current Principal Place of Business:

9801 SW 74 ST
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

PO BOX 441628
MIAMI, FL 33144

New Mailing Address:

FEI Number: 75-3198813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RODRIGUEZ, PEDRO
9801 SW 74 ST
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

CABRERA, ELADIO
9801 SW 74 ST
MIAMI, FL 33173 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: ELADIO CABRERA 06/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RODRIGUEZ, PEDRO
Address: PO BOX 441628
City-St-Zip: MIAMI, FL 33144

Title: D (X) Delete
Name: CABRERA, ELADIO
Address: PO BOX 441628
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CABRERA, ELADIO
Address: PO BOX 441628
City-St-Zip: MIAMI, FL 33144

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: ELADIO CABRERA P 06/04/2009
Electronic Signature of Signing Officer or Director Date