

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028156

FILED
Feb 19, 2008
Secretary of State

Entity Name: STROUD MEDICAL BILLING & PHARMACY CONSULTANTS, INC.

Current Principal Place of Business:

3590 SW 17TH ST.
FT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120335
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

3590 N.W. 17TH STREET
FORT LAUDERDALE, FL 33311 US

FEI Number: 20-0721651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, THOMAS L JR.
2881 EAST OAKLAND PARK BOULEVARD
THIRD FLOOR
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

WALKER, THOMAS L JR.
3590 N.W. 17TH STREET
FORT LAUDERDALE, FL 33311 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:

02/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, TINA M
Address: P.O. BOX 120335
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VP () Delete
Name: WALKER, THOMAS L JR.
Address: P.O. BOX 120335
City-St-Zip: FORT LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WALKER, TINA M
Address: 3590 N.W. 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: VP (X) Change () Addition
Name: WALKER, THOMAS L JR.
Address: 3590 N.W. 17TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311 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: TINA MARIE WALKER

PRES

02/19/2008

Electronic Signature of Signing Officer or Director

Date