

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066009

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: MEDICAL BILLING & COLLECTION CONSULTANTS INC.

**Current Principal Place of Business:**

6355 NW 36 ST  
STE 504  
MIAMI, FL 33166

**New Principal Place of Business:**

6355 NW 36 ST  
STE 500  
MIAMI, FL 33166

**Current Mailing Address:**

6355 NW 36 ST  
STE 504  
MIAMI, FL 33166

**New Mailing Address:**

6355 NW 36 ST  
STE 500  
MIAMI, FL 33166

FEI Number: 01-0812581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PS ( ) Delete  
Name: SOTOMAYOR, PEDRO A  
Address: 6355 NW 36 ST STE 508  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DV ( ) Delete  
Name: LICONA, CARLOS JR  
Address: 6355 NW 36 STREET SUITE 504  
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: DT ( ) Delete  
Name: LICONA, JAIME  
Address: 6355 NW 36 STREET SUITE 504  
City-St-Zip: VIRGINIA GARDENS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: SOTOMAYOR, PEDRO A  
Address: 6355 NW 36 ST STE 500  
City-St-Zip: VIRGINIA GARDENS, FL 33166

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

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: PEDRO SOTOMAYOR

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date