

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167878

FILED  
Aug 26, 2008  
Secretary of State

Entity Name: MEDICAL BILLING SOLUTIONS OF MIAMI, INC.

## Current Principal Place of Business:

18346 NW 68 AVE  
UNIT A  
MIAMI LAKES, FL 33015

## New Principal Place of Business:

8725 NW 168 ST  
MIAMI LAKES, FL 33018

## Current Mailing Address:

18346 NW 68 AVE  
UNIT A  
MIAMI LAKES, FL 33015

## New Mailing Address:

8725 NW 168 ST  
MIAMI LAKES, FL 33018

FEI Number: 20-2096329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROQUE, ALEIDA  
18346 NW 68 AVE  
UNIT A  
MIAMI LAKES, FL 33015 US

## Name and Address of New Registered Agent:

ROQUE, ALEIDA  
8725 NW 168 ST  
MIAMI LAKES, FL 33018 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: ALEIDA ROQUE

08/26/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROQUE, ALEIDA  
Address: 18346 NW 68 AVE UNIT A  
City-St-Zip: MIAMI LAKES, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROQUE, ALEIDA  
Address: 8725 NW 168 ST  
City-St-Zip: MIAMI LAKES, FL 33018

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: ALEIDA ROQUE

MS

08/26/2008

Electronic Signature of Signing Officer or Director

Date