

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054807

FILED
Jan 22, 2008
Secretary of State

Entity Name: SURGICAL CODING AND REIMBURSEMENT SERVICES, INC.

Current Principal Place of Business:

140 N MAGNOLIA ST
FELLSMERE, FL 32948

New Principal Place of Business:

Current Mailing Address:

140 N MAGNOLIA ST
FELLSMERE, FL 32948

New Mailing Address:

FEI Number: 20-2713257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTON-POWELL, LISA
140 N MAGNOLIA ST
FELLSMERE, FL 32948 US

Name and Address of New Registered Agent:

WESTON, LISA
140 N MAGNOLIA ST
FELLSMERE, FL 32948 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: LISA WESTON

01/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WESTON-POWELL, LISA
Address: 140 N MAGNOLIA ST
City-St-Zip: FELLSMERE, FL 32948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WESTON, LISA
Address: 140 N MAGNOLIA ST
City-St-Zip: FELLSMERE, FL 32948

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: LISA WESTON

PRES

01/22/2008

Electronic Signature of Signing Officer or Director

Date