

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060430

FILED
Jan 12, 2009
Secretary of State

Entity Name: JUCADE MEDICAL BILLING, INC.

Current Principal Place of Business:

5313 S.W. 118TH AVENUE
COOPER CITY, FL 33330

New Principal Place of Business:

11380 WAYNE DRIVE
COOPER CITY, FL 33026 37

Current Mailing Address:

5313 S.W. 118TH AVENUE
COOPER CITY, FL 33330

New Mailing Address:

11380 WAYNE DRIVE
COOPER CITY, FL 33026 37

FEI Number: 20-2734968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENTE, MARIELA
5313 S.W. 118TH AVENUE
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

MORENTE, MARIELA
11380 WAYNE DRIVE
COOPER CITY, FL 33026 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: MARIELA MORENTE

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORENTE, MARIELA
Address: 5313 S.W. 118TH AVENUE
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MORENTE, MARIELA
Address: 11380 WAYNE DRIVE
City-St-Zip: COOPER CITY, FL 33026

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: MARIELA MORENTE

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date