

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000060430

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** JUCADE MEDICAL BILLING, INC.

**Current Principal Place of Business:**

11380 WAYNE DRIVE  
COOPER CITY, FL 33026 37

**New Principal Place of Business:**

**Current Mailing Address:**

11380 WAYNE DRIVE  
COOPER CITY, FL 33026 37

**New Mailing Address:**

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  
11380 WAYNE DRIVE  
COOPER CITY, FL 33026 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: PD  
Name: MORENTE, MARIELA  
Address: 11380 WAYNE DRIVE  
City-St-Zip: COOPER CITY, FL 33026

I hereby 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 all other like empowered.

SIGNATURE: MARIELA MORENTE

PRES

01/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date