

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109744

FILED
May 15, 2009
Secretary of State

Entity Name: BILCORP MEDICAL BILLING INC.

Current Principal Place of Business:

27133 SW 134TH CT
HOMESTEAD, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

14249 SW 47 TERRACE
MIAMI, FL 33175 US

New Mailing Address:

FEI Number: 41-2188071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, KAREN
27133 SW 134TH CT
HOMESTEAD, FL 33032 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

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: MARTINEZ, KAREN
Address: 27133 SW 134TH CT
City-St-Zip: HOMESTEAD, FL 33032 US

Title: V () Delete
Name: MEDINA, JACQUELINE
Address: 27133 SW 134TH CT
City-St-Zip: HOMESTEAD, FL 33032 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KAREN MARTINEZ

PD

05/15/2009

Electronic Signature of Signing Officer or Director

_____ Date