

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113619

Entity Name: ROCK SOLID MEDICAL BILLING INC

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

18660 SW 89 CT.
MIAMI, FL 33157

New Principal Place of Business:

116 GALWAY DRIVE
#205
MOORESVILLE, NC 28117

Current Mailing Address:

18660 SW 89 CT.
MIAMI, FL 33157

New Mailing Address:

116 GALWAY DRIVE
#205
MOORESVILLE, NC 28117

FEI Number: 30-0334777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, CHERYL R PRES
18660 SW 89 COURT
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

MAYA, JAIME CPA
7705 NW 23 STREET
PEMBROKE PINES, FL 33024 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: JAIME MAYA, CPA

05/09/2008

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: PD () Delete
Name: PEREZ, CHERYL R
Address: 18660 SW 89 CT
City-St-Zip: MIAMI, FL 33157

Title: ST () Delete
Name: PEREZ, CARLOS
Address: 18660 SW 89 CT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEREZ, CHERYL R
Address: 116 GALWAY DRIVE, #205
City-St-Zip: MOORESVILLE, NC 28117

Title: ST (X) Change () Addition
Name: PEREZ, CARLOS
Address: 116 GALWAY DRIVE, #205
City-St-Zip: MOORESVILLE, NC 28117

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: CHERYL R PEREZ

PRES

05/09/2008

Electronic Signature of Signing Officer or Director

Date