

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113619

Entity Name: ROCK SOLID MEDICAL BILLING INC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

116 GALWAY DRIVE  
#205  
MOORESVILLE, NC 28117

## New Principal Place of Business:

2258 TRIPLETT RD  
MOUNT ULLA, NC 28125

## Current Mailing Address:

116 GALWAY DRIVE  
#205  
MOORESVILLE, NC 28117

## New Mailing Address:

2258 TRIPLETT RD  
MOUNT ULLA, NC 28125

FEI Number: 30-0334777

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAYA, JAIME CPA  
7705 NW 23 STREET  
PEMBROKE PINES, FL 33024 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 ( ) Delete  
Name: PEREZ, CHERYL R  
Address: 116 GALWAY DRIVE, #205  
City-St-Zip: MOORESVILLE, NC 28117

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PEREZ, CHERYL R  
Address: 2258 TRIPLETT RD  
City-St-Zip: MOUNT ULLA, NC 28125

Title: ST (X) Change ( ) Addition  
Name: PEREZ, CARLOS  
Address: 2258 TRIPLETT RD  
City-St-Zip: MOUNT ULLA, NC 28125

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

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date