## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000114346

FILED Mar 24, 2009 Secretary of State

Entity Name: GMD MEDICAL BILLING INC. **Current Principal Place of Business: New Principal Place of Business:** 11400 SW 196 ST 11400 SW 196 ST MIAMI, FL 33157 MIAMI, FL 33157 US **Current Mailing Address: New Mailing Address:** PO BOX 971477 MIAMI, FL 33197 US FEI Number: 20-3337358 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARLA, DANAYSI PARLA, JOSE M VICE-PR 11400 SW 196 ST 11400 SW 196 ST MIAMI, FL 33157 US MIAMI, FL 33157 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: JOSE MIGUEL PARLA 03/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PARLA, DANAYSI Name: Name: 11400 SW 196 ST Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition PARLA, JOSE M Name: Name: 11400 SW 196 ST Address: Address: MIAMI, FL 33157 City-St-Zip: 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.

VΡ SIGNATURE: JOSE MIGUEL PARLA 03/24/2009