

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116596

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: PHYSICIANS CHOICE MEDICAL BILLING ASSOCIATES, INC.

## Current Principal Place of Business:

748 SANCTUARY COVE DRIVE  
NORTH PALM BEACH, FL 33410 US

## New Principal Place of Business:

631 ALOHA AVE  
PORT SAINT JOHN, FL 32926 US

## Current Mailing Address:

748 SANCTUARY COVE DRIVE  
NORTH PALM BEACH, FL 33410 US

## New Mailing Address:

631 ALOHA AVE  
PORT SAINT JOHN, FL 32926 US

FEI Number: 20-3336860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINKLER ASSOCIATES, INC.  
4 BEECHWOOD DRIVE  
ORMOND BY THE SEA, FL 32176 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: P ( ) Delete  
Name: SANBORN, LINDA L  
Address: 10326 MUSTANG RIDGE  
City-St-Zip: CONVERSE, TX 78109 US

Title: S (X) Delete  
Name: SANBORN, LINDA L  
Address: 10326 MUSTANG RIDGE  
City-St-Zip: CONVERSE, TX 78109 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KENDRICK, ROBIN  
Address: 631 ALOHA AVE  
City-St-Zip: PORT SAINT JOHN, TX 32926 US

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: ROBIN KENDRICK

P

03/04/2009

Electronic Signature of Signing Officer or Director

Date