

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119861

FILED
Jan 18, 2009
Secretary of State

Entity Name: TROPICAL MEDICAL BILLING, INC.

Current Principal Place of Business:

8951 NW 34 STREET
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

8951 NW 34 STREET
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 20-3389665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUTTER, C. CHRISTIAN ESQ.
2850 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33311 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: GREENHOUSE, LAWRENCE
Address: 1625 SW 108 TERRACE
City-St-Zip: DAVIE, FL 33324 US

Title: VP () Delete
Name: HEUBERGER, WOLFGANG
Address: 8951 NW 34 STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTS (X) Change () Addition
Name: HEUBERGER, WOLFGANG
Address: 8951 NW 34 STREET
City-St-Zip: HOLLYWOOD, FL 33024 US

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: WOLFGANG HEUBERGER

VPTS

01/18/2009

Electronic Signature of Signing Officer or Director

Date