

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000021476

Entity Name: JAX MEDICAL BILLING, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

326 SOUTHERN ROSE DR  
JACKSONVILLE, FL 32225

## **New Principal Place of Business:**

8825 PERIMETER PARK BLVD  
SUITE 403  
JACKSONVILLE, FL 32216

## **Current Mailing Address:**

PO BOX 54576  
JACKSONVILLE, FL 32245

## **New Mailing Address:**

FEI Number: 20-4315438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LU, WENDY  
326 SOUTHERN ROSE DR  
JACKSONVILLE, FL 32225 US

## **Name and Address of New Registered Agent:**

LU, WENDY C  
326 SOUTHERN ROSE  
JACKSONVILLE, FL 32225 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: WENDY C LU

04/30/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: D,P  
Name: LU, WENDY  
Address: 326 SOUTHERN ROSE DR  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: WENDY C LU

OWNE

04/30/2012

Electronic Signature of Signing Officer or Director

Date