2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2010
Secretary of State

DOCUMENT# P06000129576

Entity Name: LM GOODNER MEDICAL BILLING, INC.

Current Principal Place of Business:

5755 NW NORTH ESKIMO CIRCLE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5755 NW NORTH ESKIMO CIRCLE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 90-0297211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODNER, LISA C
5755 NW NORTH ESKIMO CIRCLE
PORT ST. LUCIE, FL 34986 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
Name: GOODNER, LISA C
Address: 5755 NW NORTH ESKIMO CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP
Name: GOODNER, ADAM K
Address: 5755 NW NORTH ESKIMO CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: LISA GOODNER MRS. 04/15/2010

Electronic Signature of Signing Officer or Director Date