2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008
Secretary of State

DOCUMENT# P07000025143

Entity Name: HFM MEDICAL BILLING, INC.

Current Principal Place of Business:

444 EAST 25TH STREET
SUITE 201
HIALEAH, FL 33013 US

New Principal Place of Business:

111 VOLLMER AVE.
OLDSMAR, FL 34677 US

Current Mailing Address:

3135 STATE ROAD 580
SUITE 7
SAFETY HARBOR, FL 34695 US

New Mailing Address:

111 VOLLMER AVE.
OLDSMAR, FL 34677 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HEALTHCARE FINANCIAL & MANAGEMENT SERVICES
3135 STATE ROAD 580
SUITE 7
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

HEALTHCARE FINANCIAL & MANAGEMENT SERVICES
111 VOLLMER AVE.
OLDSMAR, FL 34677 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: GENER BROJAN 07/15/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HEALTHCARE FINANCIAL, MANAGEMENT SE R VICES
Address: 3135 STATE ROAD 580, SUITE 7
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: VP (X) Delete
Name: GIRALDO, VICTORIA
Address: 444 EAST 25TH STREET
City-St-Zip: HIALEAH, FL 34695 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HEALTHCARE FINANCIAL, MANAGEMENT SE R VICES
Address: 111 VOLLMER AVE.
City-St-Zip: OLDSMAR, FL 34677 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: GENER BROJAN PRES 07/15/2008
Electronic Signature of Signing Officer or Director Date