2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000049682

Entity Name: ALL FLORIDA MEDICAL BILLING, INC.

FILED Apr 26, 2009 Secretary of State

8270 SW 9TH CT

N. LAUDERDALE, FL 33068 US

Current Mailing Address: New Mailing Address:

8270 SW 9TH CT

N. LAUDERDALE, FL 33068 US

FEI Number: 20-8907582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KACHADOURIAN, DIANE 8270 SW 9TH CT

N LAUDERDALE, FL 33068 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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** () Delete

KACHADOURIAN, DIANE Name: 8270 SW 9TH CT Address:

City-St-Zip: N. LAUDERDALE, FL 33068 US

() Delete Title:

KACHADOURIAN, DIANE Name:

8270 SW 9TH CT Address:

N. LAUDERDALE, FL 33068 US City-St-Zip:

Title: PRFS (X) Change () Addition

KACHADOURIAN, DIANE Name:

8270 SW 9TH CT Address:

City-St-Zip: N. LAUDERDALE, FL 33068 US

Title: V.P. (X) Change () Addition

KACHADOURIAN, DIANE Name:

Address: 8270 SW 9TH CT

N. LAUDERDALE, FL 33068 US 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: DIANE P. KACHADOURIAN **PRES** 04/26/2009