

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000067410

FILED
Jan 08, 2009
Secretary of State

Entity Name: MEDIVANCE BILLING SERVICE, INC.

Current Principal Place of Business:

10232 NW 46TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10232 NW 46TH STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 26-0320968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIN, ZARINA N
10670 NW 17TH CT
FORT LAUDERDALE, FL 33322 US

Name and Address of New Registered Agent:

DELMARR, ZARINA R
10232 NW 46TH STREET
SUNRISE, FL 33351 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: ZARINA R. DELMARR

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: SMITH, JOAN M
Address: 760 NW 68TH AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: SMITH, JOAN M
Address: 760 NW 68TH AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: BA (X) Delete
Name: RODRIGUEZ, CLIFTON H CPA,CIA
Address: 3146 NW 68 STREET
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: PCEO (X) Delete
Name: CHIN, ZARINA N
Address: 10670 NW 17TH CT
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: EVPD (X) Delete
Name: CARTER, NEISHA
Address: 10670 NW 17TH CT
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: BATC (X) Delete
Name: RODRIQUEZ, CLIFTON H CPA
Address: 3146 NW 68TH ST STE NO. 1
City-St-Zip: FORT LAUDERDALE, FL 333091206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DELMARR, ZARINA R
Address: 10232 NW 46TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change () Addition
Name: CARTER, NEISHA
Address: 10232 NW 46TH STREET
City-St-Zip: SUNRISE, FL 33351

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

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

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

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: ZARINA R. DELMARR

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date