2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073969

FILED Apr 27, 2009 Secretary of State

Entity Name: MEDICAL BILLING SOLUTIONS OF SOUTH FLORIDA, INC

Current Principal Place of Business: New Principal Place of Business: 9818 SARATOGA PARK CIRCLE BOCA RATON, FL 33428 **Current Mailing Address: New Mailing Address:** 9818 SARATOGA PARK CIRCLE BOCA RATON, FL 33428 FEI Number: 26-0412243 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: YOMTOB, NADINE 9818 SARATOGA PARK CIRCLE BOCA RATON, FL 33428 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition YOMTOB, NADINE Name: Name: 9818 SARATOGA PARK CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: () Delete Title: Title: () Change () Addition Name: YOMTOB, NADINE Name: 9818 SARATOGA PARK CIRCLE Address: Address: BOCA RATON, FL 33428 City-St-Zip: 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: NADINE YOMTOB P 04/27/2009