

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000107811

FILED
Feb 08, 2011
Secretary of State

Entity Name: LIFE LINE MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

12087 KATHERWOOD STREET
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

PO BOX 5733
SPRING HILL, FL 346115733

New Mailing Address:

FEI Number: 26-1147153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, LINNETTE
12087 KATHERWOOD STREET
SPRING HILL, FL 34608 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: GUZMAN, DAWN
Address: 190 JENKINS AVE
City-St-Zip: MASARYTOWN, FL 34604

Title: DVS
Name: SANCHEZ, LINNETTE
Address: 12087 KATHERWOOD STREET
City-St-Zip: SPRING HILL, FL 34608

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: DAWN GUZMAN

DPT

02/08/2011

Electronic Signature of Signing Officer or Director

Date