

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90046 013 \*\*\*158.75

|   |                       |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
|---|-----------------------|---|--|---|--|-------|----|---------------------------------|------|---------------------|--|----------------|-----------------------|--|---------------|-----------------|--|-------|--|---|------|--|--|----------------|--|--|---------------|--|--|
| <b>DOCUMENT # P07000133096</b><br>1. Entity Name<br><b>JCC MEDICAL BILLING SERVICES, CORP.</b>  |                       |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Principal Place of Business<br><b>701 NW 57 AVE STE 300<br/>MIAMI, FL 33126</b>   |                       |   | Mailing Address<br><b>701 NW 57 AVE STE 300<br/>MIAMI, FL 33126</b>  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |                       |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| City & State  |                       |   | City & State   |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Zip   |                       | Country   |  | Zip   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| Country   |                       | Country   |  | 4. FEI Number<br><b>14-2013821</b>  |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       |   |  | Applied For<br>Not Applicable   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 6. Name and Address of Current Registered Agent<br><b>HERNANDEZ, MARTHA O<br/>701 NW 57 AVE STE 300<br/>MIAMI, FL 33126</b>   |                       |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |                       |   |  | FL Zip Code   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                       |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>   |                       |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, MARTHA O</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 NW 57 AVE STE 300</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                       |   |  |   |  | TITLE | DP | <input type="checkbox"/> Delete | NAME | HERNANDEZ, MARTHA O |  | STREET ADDRESS | 701 NW 57 AVE STE 300 |  | CITY- ST- ZIP | MIAMI, FL 33126 |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY- ST- ZIP |  |  |
| TITLE   | DP                    | <input type="checkbox"/> Delete                                   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME  | HERNANDEZ, MARTHA O   |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS  | 701 NW 57 AVE STE 300 |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP   | MIAMI, FL 33126       |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| NAME  |                       |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| STREET ADDRESS  |                       |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |
| CITY- ST- ZIP   |                       |   |  |   |  |       |    |                                 |      |                     |  |                |                       |  |               |                 |  |       |  |   |      |  |  |                |  |  |               |  |  |