2008 FOR PROFIT CORPORATION

ANNUAL REPORT

May 08, 2008 8:00 am Secretary of State 04-14-2008 90046 013 ***158.75 DOCUMENT # P07000133096 JCC MEDICAL BILLING SERVICES, CORP. Principal Place of Business Mailing Address 701 NW 57 AVE STE 300 701 NW 57 AVE STE 300 66010026 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. 04012008 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Numbe 14-2013821 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, MARTHA O 701 NW 57 AVE STE 300 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33126 City Zip Code 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. SIGNATURE Signature, typed or priviled hanne or regulatered agent and little 6 applicable. (NOTE: Registered Agent signature reduced when reinsteting) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Frust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition HERNANDEZ, MARHTA O NA LIFE STREET ADDRESS 701 NW 57 AVE STE 300 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZW MILE ☐ Delete MLE ☐ Addition HERNANDEZ, RAFAEL G NAME 701 NW 57 AVE STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-2IP MIAMI, FL 33126 CITY-ST-ZP ITTLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME Delete TITLE ☐ Channe Addition MALES NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Oelete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Celete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NUCLE O THE AND OF PRINTED HAND OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

4/11/08

FILED