

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133096

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: JCC MEDICAL BILLING SERVICES, CORP.

## Current Principal Place of Business:

701 NW 57 AVE STE 300  
MIAMI, FL 33126

## New Principal Place of Business:

4810 SW 152 PLACE  
# E  
MIAMI, FL 33185

## Current Mailing Address:

701 NW 57 AVE STE 300  
MIAMI, FL 33126

## New Mailing Address:

4810 SW 152 PLACE  
# E  
MIAMI, FL 33185

FEI Number: 14-2013821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HERNANDEZ, MARTHA O  
701 NW 57 AVE STE 300  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

HERNANDEZ, MARTHA O  
4810 SW 152 PLACE  
# E  
MIAMI, FL 33185 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: MARTHA O. HERNANDEZ

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HERNANDEZ, MARHTA O  
Address: 701 NW 57 AVE STE 300  
City-St-Zip: MIAMI, FL 33126

Title: DV ( ) Delete  
Name: HERNANDEZ, RAFAEL G  
Address: 701 NW 57 AVE STE 300  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: HERNANDEZ, MARHTA O  
Address: 4810 SW 152 PLACE #E  
City-St-Zip: MIAMI, FL 33185

Title: DV (X) Change ( ) Addition  
Name: HERNANDEZ, RAFAEL G  
Address: 4810 SW 152 PLACE #E  
City-St-Zip: MIAMI, FL 33185

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: MARTHA O. HERNANDEZ

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date