

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020377

FILED
Apr 29, 2009
Secretary of State

Entity Name: MEDICAL BILLING & CONSULTATION PROFESSIONALS, INC

Current Principal Place of Business:

3139 SW 54TH CT.
OCALA, FL 34480 US

New Principal Place of Business:

3139 SE 54TH CT.
OCALA, FL 34480 US

Current Mailing Address:

3139 SW 54TH CT.
OCALA, FL 34480 US

New Mailing Address:

3139 SE 54TH CT.
OCALA, FL 34480 US

FEI Number: 26-2049669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, PAM A
77 PECAN COURSE CIR
OCALA, FL 34472 US

Name and Address of New Registered Agent:

RAY, PAM A
3139 SE 54TH CT
OCALA, FL 34480 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAY, PAMELA A
Address: 77 PECAN COURSE CIR
City-St-Zip: OCALA, FL 34472 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAY, PAMELA A
Address: 3139 SE 54TH CT
City-St-Zip: OCALA, FL 34480 US

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: PAM RAY

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date