

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026410

FILED
Apr 09, 2009
Secretary of State

Entity Name: D AND D MEDICAL BILLING SERVICES INC.

Current Principal Place of Business:

4649 S.W. 12TH ST.
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

4649 S.W. 12TH ST.
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

PO BOX 970458
COCONUT CREEK, FL 33097 US

FEI Number: 26-2242745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

DOXEY, WALTER J CEO
4649 SW 12 STREET
DEERFIELD BEACH, FL 33442 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: WALTER J. DOXEY

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOXEY, LAURA S
Address: 4649 S.W. 12TH ST.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: S, T () Delete
Name: DOXEY, WALTER J
Address: 4649 S.W. 12TH ST.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: D () Delete
Name: DOXEY, WALTER J
Address: 4649 S.W. 12TH ST.
City-St-Zip: DEERFIELD BEACH, FL 33442 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER J. DOXEY

CEO

04/09/2009

Electronic Signature of Signing Officer or Director

Date