

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000031937

**FILED**  
**Sep 04, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PREMIUM BILLING & COLLECTION SERVICES CORP

**Current Principal Place of Business:**

8051 NW 36 ST  
620  
MIAMI, FL 33166

**New Principal Place of Business:**

8045 NW 36 ST  
510  
MIAMI, FL 33166

**Current Mailing Address:**

PO BOX 669095  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 26-2298276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERE, GABRIEL  
8051 NW 36 STREET  
620  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

MERE, GABRIEL  
8045 NW 36 STREET  
510  
MIAMI, FL 33166 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: GABRIEL MERE

09/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MERE, GABRIEL  
Address: 8045 NW 36 STREET SUITE 510  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: DE SANTIAGO, MARIANO  
Address: 8045 NW 36 STREET SUITE 510  
City-St-Zip: MIAMI, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: GABRIEL MERE

P

09/04/2012

Electronic Signature of Signing Officer or Director

Date