2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# P08000057510

Entity Name: B & K MEDICAL BILLING, INC.

Current Principal Place of Business:

641 49TH ST. NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

641 49TH ST. NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 26-2813782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARMANN, ROSEMARY
5117 OYSTER COVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

KARMANN, ROSEMARY PRES
5117 OYSTER COVE
NEW PORT RICHEY, FL 34652 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: ROSEMARY KARMANN 03/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: KARMANN, ROSEMARY P
Address: 5117 OYSTER COVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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: ROSEMARY KARMANN P 03/05/2009
Electronic Signature of Signing Officer or Director Date