

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059702

FILED
Aug 14, 2009
Secretary of State

Entity Name: STAR MEDICAL BILLING RESOURCES, INC.

Current Principal Place of Business:

9970 NW 23RD STREET
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

9970 NW 23RD STREET
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 26-2834886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A.
5401 N. UNIVERSITY DRIVE
SUITE 204
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PAGE, TRACY I
Address: 9970 NW 23RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP () Delete
Name: ACCO, ERIC
Address: 9970 NW 23RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: S () Delete
Name: PAGE, TRACY I
Address: 9970 NW 23RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: T () Delete
Name: ACCO, ERIC
Address: 9970 NW 23RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 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:

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: TRACY IRENE PAGE

PRES

08/14/2009

Electronic Signature of Signing Officer or Director

Date