

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069610

Entity Name: MEDFIN BILLING SERVICES, INC.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

205 MONTGOMERY AVENUE  
BLDG 1  
SARASOTA, FL 34243

**New Principal Place of Business:**

205 MONTGOMERY AVENUE  
BLDG 4  
SARASOTA, FL 34243

**Current Mailing Address:**

205 MONTGOMERY AVENUE  
BLDG 1  
SARASOTA, FL 34243

**New Mailing Address:**

205 MONTGOMERY AVENUE  
BLDG 4  
SARASOTA, FL 34243

FEI Number: 30-0486063

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THARPE, KELLI D  
205 MONTGOMERY AVENUE  
BLDG 1  
SARASOTA, FL 34243 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGRM  Change  Addition  
Name: THARPE, KELLI D  
Address: 205 MONTGOMERY AVE #4  
City-St-Zip: SARASOTA, FL 34243 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: KELLI THARPE

MGR

04/30/2009

Electronic Signature of Signing Officer or Director

Date