2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

DOCUMENT# P08000070830

Entity Name: HEALTHCARE MEDICAL BILLING SOLUTIONS,INC

Current Principal Place of Business:

6749 WOODS ISLAND CIRCLE
SUITE 104
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

4662 CREW CIRCLE
SUITE 2
MELBOURNE, FL 32904 US

Current Mailing Address:

6749 WOODS ISLAND CIRCLE
SUITE 104
PORT ST LUCIE, FL 34952 US

New Mailing Address:

4651 BABCOCK ST NE
UNIT #18 STE 311
PALM BAY, FL 32905 US

FEI Number: 26-3073697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOWACK, ANITA M
6749 WOODS ISLAND CIRCLE
SUITE 104
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

NOWACK, ANITA M
4662 CREW CIRCLE
SUITE 2
MELBOURNE, FL 32904 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: ANITA M NOWACK 04/07/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: NOWACK, ANITA M
Address: 4662 CREW CIRCLE SUITE 2
City-St-Zip: MELBOURNE, FL 32904 US

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: ANITA M NOWACK D 04/07/2011
Electronic Signature of Signing Officer or Director Date