

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000071575

Entity Name: 4G MEDICAL BILLING, INC.

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10620 OAK DRIVE  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

10620 OAK DRIVE  
HUDSON, FL 34669

**New Mailing Address:**

FEI Number: 26-3124865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GUECIA, LYNNE M  
10620 OAK DRIVE  
HUDSON, FL 34669 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: GUECIA, LYNNE M  
Address: 10620 OAK DRIVE  
City-St-Zip: HUDSON, FL 34669

Title: VPSD  
Name: GUECIA, ANDREW A  
Address: 10620 OAK DRIVE  
City-St-Zip: HUDSON, FL 34669

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: LYNNE M GUECIA

PTD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date