

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084389

FILED
Feb 20, 2011
Secretary of State

Entity Name: PHYSICIANS CHOICE MEDICAL BILLING SERVICES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

9600 W. SAMPLE RD #502
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9600 W. SAMPLE RD #502
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 26-3369391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERSON, KYLIE
9600 W. SAMPLE RD #502
CORAL SPRINGS, FL 33065 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: PRES
Name: PIERSON, KYLIE
Address: 9600 W SAMPLE ROAD #502
City-St-Zip: CORAL SPRINGS, FL 33065

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: KYLIE PIERSON

PRES

02/20/2011

Electronic Signature of Signing Officer or Director

Date