# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2011**
**Secretary of State**

DOCUMENT# P08000084767

**Entity Name:** ASSURED MEDICAL BILLING, INC.

**Current Principal Place of Business:**

100 E. LINTON BLVD
SUITE 406B
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

100 E. LINTON BLVD
SUITE 406B
DELRAY BEACH, FL 33483

**Current Mailing Address:**

100 E. LINTON BLVD
SUITE 406B
DELRAY BEACH, FL 33445

**New Mailing Address:**

100 E. LINTON BLVD
SUITE 406B
DELRAY BEACH, FL 33483

**FEI Number: 36-4640935** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CAIRO, JEAN M
822 SW 33RD PLACE
BOYNTON BEACH, FL 33435 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: P
Name: CAIRO, JEAN M
Address: 822 SW 33RD PLACE
City-St-Zip: BOYNTON BEACH, FL 33435

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: JEAN CAIRO RA 01/08/2011

Electronic Signature of Signing Officer or Director Date