# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2010**
**Secretary of State**

DOCUMENT# P08000089852

**Entity Name:** MADRELLE GLOBAL MEDICAL BILLING CONSULTANTS, INC.

**Current Principal Place of Business:**

1221 BRICKELL AVENUE
SUITE 1120
MIAMI, FL 33131

**New Principal Place of Business:**

8461 LAKE WORTH RD.
SUITE 110
LAKE WORTH, FL 33467

**Current Mailing Address:**

6586 HYPOLUXO ROAD STE. 268
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number: 26-3465693** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DESROSIERS, RACHELLE
1221 BRICKELL AVENUE
SUITE 1120
MIAMI, FL 33131 US

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

DESROSIERS, RACHELLE
8461 LAKE WORTH RD.
SUITE 110
LAKE WORTH, FL 33467 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: ______________________ 04/29/2010
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO
Name: DESROSIERS, MAXANDRA
Address: 6586 HYPOLUXO ROAD STE. 268
City-St-Zip: LAKE WORTH, FL 33467

Title: PRES
Name: DESROSIERS, RACHELLE
Address: 6586 HYPOLUXO ROAD STE. 268
City-St-Zip: LAKE WORTH, FL 33467

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: RACHELLE DESROSIERS PRES 04/29/2010
Electronic Signature of Signing Officer or Director — Date