

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102494

FILED
Mar 24, 2009
Secretary of State

Entity Name: CONCIERGE MEDICAL BILLING, INC.

Current Principal Place of Business:

3000 NW 25TH AVENUE
SUITE 10
POMPANO BEACH, FL 33069

New Principal Place of Business:

832 NW 30 STREET
WILTON MANORS, FL 33311

Current Mailing Address:

3000 NW 25TH AVENUE
SUITE 10
POMPANO BEACH, FL 33069

New Mailing Address:

832 NW 30 STREET
WILTON MANORS, FL 33311

FEI Number: 26-3734743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VELEZ, CARLOS A
832 NW 30 STREET
WILTON MANORS, FL 33311 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VELEZ, CARLOS A
Address: 832 NW 30 STREET
City-St-Zip: WILTON MANORS, FL 33311

Title: VP () Delete
Name: RONDER, VICTOR
Address: 27902 MEADOW DRIVE, SUITE 130
City-St-Zip: EVERGREEN, CO 80439

Title: T () Delete
Name: HAY, JAMES S
Address: 6238 NW 83 LANE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLOS A VELEZ

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date