

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000111094

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: GRACE MEDICAL BILLING SERVICES, INC.

## Current Principal Place of Business:

1239 GOLFVIEW DRIVE  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

1239 GOLFVIEW DRIVE  
DAYTONA BEACH, FL 32114

## New Mailing Address:

1239 GOLFVIEW DRIVE  
DAYTONA BEACH, FL 32114 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, JULIA  
1239 GOLFVIEW DRIVE  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

ADAMS, JULIA R  
1239 GOLFVIEW DRIVE  
DAYTONA BEACH, FL 32114 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: JULIA ADAMS

02/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ADAMS, JULIA  
Address: 1239 GOLFVIEW DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS (X) Change ( ) Addition  
Name: ADAMS, JULIA R  
Address: 1239 GOLFVIEW DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MS ( ) Change (X) Addition  
Name: GRACE MEDICAL BILLIN, G SERVICES, IN C  
Address: 1239 GOLVIEW DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32114 US

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: JULIA ADAMS

MS

02/18/2009

Electronic Signature of Signing Officer or Director

Date