2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2010
Secretary of State

DOCUMENT# P08000111094

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 US

New Mailing Address:

P. O. BOX 1928
DAYTONA BEACH, FL 32115 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 R
1239 GOLFVIEW DRIVE
DAYTONA BEACH, FL 32114 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: PRES
Name: ADAMS, JULIA R
Address: 1239 GOLFVIEW DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: PRES
Name: GRACE MEDICAL BILLING SERVICES, INC
Address: P. O. BOX 1928
City-St-Zip: DAYTONA BEACH, FL 32115 US

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: JULIA ADAMS PRES 01/18/2010

Electronic Signature of Signing Officer or Director Date