

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000092625

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL BILLING SPECIALISTS OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

758 N GRETNA COURT  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

758 N GRETNA COURT  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

**FEI Number:** 27-1670635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THOMAS, PEGGY J  
758 N GRETNA CT  
WINTER SPRINGS, FL 32708 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: THOMAS, PEGGY J  
Address: 758 N GRETNA CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S/T  
Name: THOMAS, THOMAS R  
Address: 758 N GRETNA CT  
City-St-Zip: WINTER SPRINGS, FL 32708 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: PEGGY THOMAS

PRES

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date