

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000001719

Entity Name: MC BILLING SERVICES INC.

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

6739 ADAMS STREET  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1465  
ELFERS, FL 34680 US

**New Mailing Address:**

FEI Number: 27-1564249

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRAPNELL, MORGAN C  
6739 ADAMS STREET  
NEW PORT RICHEY, FL 34652 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: TRAPNELL, MORGAN C  
Address: 6739 ADAMS STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP  
Name: TRAPNELL, MORGAN C  
Address: 6739 ADAMS STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC  
Name: TRAPNELL, MORGAN C  
Address: 6739 ADAMS STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TRES  
Name: TRAPNELL, MORGAN C  
Address: 6739 ADAMS STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652 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: MORGAN C. TRAPNELL

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date