

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 01, 2011
Secretary of State

Entity Name: MEDICAL BILLING AND COLLECTIONS CENTER INC

Current Principal Place of Business:

7211 N DALE MABRY
211
TAMPA, FL 33614 FL

New Principal Place of Business:

Current Mailing Address:

7211 N DALE MABRY
211
TAMPA, FL 33614 FL

New Mailing Address:

P.O BOX 151781
TAMPA, FL 33684 FL

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

Name and Address of Current Registered Agent:

OCALLAGHAN, DANIEL E
7211 N DALE MABRY
211
TAMPA, FL 33614 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: OCALLAGHAN, DANIEL E
Address: 7211 N DALE MABRY 211
City-St-Zip: TAMPA, FL 33614

Title: VP
Name: TOLEDANO, DINA R
Address: 7211 N DALE MABRY 211
City-St-Zip: TAMPA, FL 33614

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: DANIEL E. OCALLAGHAN

P

05/01/2011

Electronic Signature of Signing Officer or Director

Date