

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000096007

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** ELECTRONIC MEDICAL BILLING GROUP, INC.

**Current Principal Place of Business:**

1250 EAST HALLANDALE BEACH BLVD, SUITE 602  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1250 EAST HALLANDALE BEACH BLVD, SUITE 602  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 45-3827120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSEN, GENE S ESQ  
1550 NE MIAMI GARDENS DR, SUITE 305  
MIAMI, FL 33179 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: PD  
Name: WEBMAN, LARRY  
Address: 1250 EAST HALLANDALE BEACH BLVD, SUITE 602  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD  
Name: WEBMAN, BRANDON  
Address: 1250 EAST HALLANDALE BEACH BLVD, SUITE 602  
City-St-Zip: HALLANDALE, FL 33009

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: LARRY WEBMAN

PD

02/14/2012

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

\_\_\_\_\_  
Date