

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000018156

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** MEDLOCK'S BILLING SERVICE, INC.

**Current Principal Place of Business:**

3876 SR 16 W  
PENNEY FARMS, FL 32079

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 979  
PENNEY FARMS, FL 32079

**New Mailing Address:**

**FEI Number:** 59-3227887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THARP, ANDREA G  
3876 HIGHWAY 16 WEST  
PENNEY FARMS, FL 32079 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:** DPT  
**Name:** THARP, ANDREA G  
**Address:** 3876 HIGHWAY 16 WEST  
**City-St-Zip:** PENNEY FARMS, FL

**Title:** DS  
**Name:** THARP, ANTHONY R  
**Address:** 3876 HIGHWAY 16 WEST  
**City-St-Zip:** PENNEY FARMS, FL

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:** ANDREA G THARP

CEO

04/21/2011

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

\_\_\_\_\_  
Date