

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061760

Entity Name: SUNBELT MEDICAL BILLINGS, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

800 E. HALLANDALE BEACH BLVD.
SUITE 26
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

3020 NE 32ND AVENUE SUITE #326
FT. LAUDERDALE, FL 33308 US

Current Mailing Address:

800 E. HALLANDALE BEACH BLVD.
SUITE 26
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

3020 NE 32ND AVENUE SUITE #326
FT. LAUDERDALE, FL 33308 US

FEI Number: 65-0519430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACHWITSCH, ANDRE
800 E. HALLANDALE BEACH BLVD
SUITE 26
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

STACHWITSCH, ANDRE
3020 NE 32ND AVENUE SUITE #326
FT. LAUDERDALE, FL 33308 US

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:

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: STACHEWITSCH, MARC
Address: 800 E. HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: VP () Delete
Name: STACHEWITSCH, ANDRE
Address: 800 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: VP () Delete
Name: FRIEDEWALD, DON E JR
Address: 800 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE BEACH, FL 33009 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STACHEWITSCH, MARC
Address: 3020 NE 32ND AVENUE SUITE #326
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: VP (X) Change () Addition
Name: STACHEWITSCH, ANDRE
Address: 3020 NE 32ND AVENUE SUITE #326
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: VP (X) Change () Addition
Name: FRIEDEWALD, DON E JR
Address: 3020 NE 32ND AVENUE SUITE #326
City-St-Zip: FT. LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DON E FRIEDEWALD JR

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date