

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067013

FILED
Apr 26, 2007
Secretary of State

Entity Name: NATIONAL MEDICAL CODERS, INC.

Current Principal Place of Business:

717 CONSTITUTION DRIVE
202
EXTON, PA 19341

New Principal Place of Business:

Current Mailing Address:

ALLIANCE ONE INCORPORATION
717 CONSTITUTION DR, SUITE 202
EXTON, PA 19341

New Mailing Address:

FEI Number: 65-0646079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: GRACE, ANDREW
Address: 1160 CENTRE POINT DRIVE
City-St-Zip: MENDOTA HEIGHTS, MN 55120

Title: SEC () Delete
Name: FARNSCHLADER, ALICE E
Address: 717 CONSTITUTION DRIVE STE 202
City-St-Zip: EXTON, PA 19341

Title: TREA () Delete
Name: NEERENBERG, HARRY M
Address: 717 CONSTITUTION DRIVE STE 202
City-St-Zip: EXTON, PA 19341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HARRY M NEERENBERG

TREA

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date