2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000067013

NEERENBERG, HARRY M

4850 E STREET ROAD, SUITE 300

TREVOSE, PA 19053

Name:

Address:

City-St-Zip:

FILED Mar 18, 2009 Secretary of State

Entity Name: NATIONAL MEDICAL CODERS, INC.								
Current Principal Place of Business:			Ne	New Principal Place of Business:				
	REET ROAD, S , PA 19053	SUITE 300						
Current Mailing Address:			Ne	New Mailing Address:				
	REET ROAD, \$, PA 19053	SUITE 300						
FEI Number: 65-0646079 FEI Number Applied For () FEI Nu			FEI Number	mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
1200 SOU ⁻	ORATION SYS TH PINE ISLAN ON, FL 33324							
The above in the State		ubmits this statement for the	purpose of ch	anging its	s registered	d office or re	egistered aç	gent, or both,
SIGNATUR	RE:							
	Electroni	gent				Date		
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CASEY, TIMOTH	ROAD, SUITE 300			CASEY, TIM	(X) Change (OTHY JAMES EET ROAD, S PA 19053	PRES	
Title: Name: Address: City-St-Zip:	NEERENBERG,	ROAD, SUITE 300			NEERENBER	(X) Change (RG, HARRY M EET ROAD, S PA 19053	1 VP	
Title: Name: Address: City-St-Zip:	HANSEN, BRAD	ROAD, SUITE 300			HANSEN, BR	(X) Change (RADLEY NEW EET ROAD, S PA 19053	ELL SEC	
Title:	TRSR ()	Delete	Title	: :	TRSR	(X) Change () Addition	

4850 E STREET ROAD, SUITE 300 Address: Address: 4850 E STREET ROAD, SUITE 300 City-St-Zip: TREVOSE, PA 19053 City-St-Zip: TREVOSE, PA 19053 Title: CEO () Delete Title: (X) Change () Addition CASEY, TIMOTHY JAMES DATO, DOMINICPATRICK Name: Name: Address: 4850 E STREET ROAD, SUITE 300 Address: 4850 E STREET ROAD, SUITE 300 City-St-Zip: TREVOSE, PA 19053 City-St-Zip: TREVOSE, PA 19053 Title: (X) Delete Title: () Change () Addition DATO, DOMINICPATRICK Name: Name:

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

Name:

Address:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered. SIGNATURE: MANDELINE HENDRICKS POA 03/18/2009

NEERENBERG, HARRY M TRSR