

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000086569

FILED
Apr 22, 2009
Secretary of State

Entity Name: GOMEZ MEDICAL BILLING, INC.

Current Principal Place of Business:

8720 N KENDALL DRIVE
SUITE 116
MIAMI, FL 33176 US

Current Mailing Address:

8720 N KENDALL DRIVE #116
MIAMI, FL 33176 US

New Principal Place of Business:

10621 NORTH KENDALL DRIVE
SUITE 211
MIAMI, FL 33176 US

New Mailing Address:

10621 NORTH KENDALL DRIVE
SUITE 211
MIAMI, FL 33176 US

FEI Number: 65-0610187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, RENE F
9100 SW 102 ST.
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

GOMEZ, RENE F
10621 NORTH KENDALL DRIVE
SUITE 211
MIAMI, FL 33176 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: RENE F. GOMEZ

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOMEZ, RENE F
Address: 9100 SW 102 ST.
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOMEZ, RENE F
Address: 10621 NORTH KENDALL DRIVE SUITE 211
City-St-Zip: MIAMI, FL 33176

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: RENE F. GOMEZ

CEO

04/22/2009

Electronic Signature of Signing Officer or Director

Date