2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082580

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Entity Name: GSR PHYSICIANS BILLING SERVICE, INC. **Current Principal Place of Business: New Principal Place of Business:** 10096 GRIFFIN ROAD COOPER CITY, FL 33328 **Current Mailing Address: New Mailing Address:** 10096 GRIFFIN ROAD COOPER CITY, FL 33328 FEI Number: 65-0706637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VISWAMBHARAN, PRADEEP VISWAMBHARAN, PRADEEP 10096 GRIFFIN RÓAD 4309 FOX RIDGE DRIVE COOPER CITY, FL 33328 WESTON, FL 33331 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: 03/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VISWAMBHARAN, PRADEEP Name: Name: 10096 GRIFFIN ROAD Address: Address: City-St-Zip: COOPER CITY, FL 33328 City-St-Zip: Title: () Delete Title: () Change () Addition JACOBSON, RONALD Name: Name: 10096 GRIFFIN ROAD Address: Address: COOPER CITY, FL 33328 BR

City-St-Zip:

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.

Ρ SIGNATURE: RONALD JACOBSON 03/30/2009