

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019255

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** ROXY'S MEDICAL BILLING, INC.

**Current Principal Place of Business:**

1790 WEST 49 ST  
STE 415  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

4445 WEST 16TH AVENUE  
SUITE 300  
HIALEAH, FL 33012 US

**Current Mailing Address:**

1790 WEST 49 ST  
STE 415  
HIALEAH, FL 33012 US

**New Mailing Address:**

4445 WEST 16TH AVENUE  
SUITE 300  
HIALEAH, FL 33012 US

**FEI Number:** 65-0732807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, ROXANA  
6255 SW 129TH PL., #2203  
MIAMI, FL 33183 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:** DP  
**Name:** LYNN, ROXANA  
**Address:** 6255 SW 129TH PL., STE. 2203  
**City-St-Zip:** MIAMI, FL 33183

**Title:** VP  
**Name:** RAMIREZ, MARIA E  
**Address:** 6255 SW 129 PL APT 2203  
**City-St-Zip:** MIAMI, FL 33183

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA E RAMIREZ

VP

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date