

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019255

FILED  
Mar 19, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**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

03/19/2012

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

\_\_\_\_\_  
Date