

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085940

FILED
Mar 04, 2011
Secretary of State

Entity Name: MEDICAL REVENUE MANAGEMENT, INC.

Current Principal Place of Business:

4909 SW 18TH AVENUE
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

4909 SW 18TH AVENUE
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 65-0190140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, BILL H
4909 SW 18TH AVENUE
CAPE CORAL, FL 33914 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: WELCH, BILL H
Address: 4909 SW 18TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: DS
Name: WELCH, DARLENE F
Address: 4909 SW 18TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

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: BILL WELCH

DP

03/04/2011

Electronic Signature of Signing Officer or Director

Date