

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107490

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** ON LINE MEDICAL BILLING SERVICES, INC.

**Current Principal Place of Business:**

2365 WEST 74 STREET  
SUITE 104  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2365 WEST 74 STREET  
SUITE 104  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 65-0805199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARBALLO, NILDA  
2365 W 74 ST STE 104  
HIALEAH, FL 33016 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:** PTD  
**Name:** CARBALLO, NILDA S  
**Address:** 2365 WEST 74 ST, STE 104  
**City-St-Zip:** HIALEAH, FL 33016

**Title:** VD  
**Name:** VALDES-OROZCO, ISIS M  
**Address:** 2365 WEST 74 ST, STE 104  
**City-St-Zip:** HIALEAH, FL 33016

**Title:** SD  
**Name:** CARBALLO, IVONNE M  
**Address:** 2365 WEST 74 ST, STE 104  
**City-St-Zip:** HIALEAH, FL 33016

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:** NILDA S CARBALLO

PTD

04/22/2010

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

\_\_\_\_\_  
Date