

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012890

FILED  
May 11, 2010  
Secretary of State

**Entity Name:** AMERICAN DADE MEDICAL BILLING, INC.

**Current Principal Place of Business:**

10464 SW 21ST TERRACE  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

10464 SW 21ST TERRACE  
MIAMI, FL 33165 US

**New Mailing Address:**

FEI Number: 65-0894690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GONZALEZ, ORLANDO C  
10464 SW 21ST TERRACE  
MIAMI, FL 33165 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: GONZALEZ, ORLANDO C  
Address: 10464 SW 21ST TERRACE  
City-St-Zip: MIAMI, FL 33165 US

Title: VS  
Name: GONZALEZ, ENGRACIA M  
Address: 10464 SW 21ST TERRACE  
City-St-Zip: MIAMI, FL 33165 US

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: ORLANDO GONZALEZ

PT

05/11/2010

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

\_\_\_\_\_ Date