

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000043569

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** DELSTAR MEDICAL BILLING, INC.

**Current Principal Place of Business:**

8764 SW 8 STREET  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

8567 CORAL WAY  
# 235  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 65-0918461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUNCO, NELLY  
8567 CORAL WAY  
#235  
MIAMI, FL 33174 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: PD  
Name: JUNCO, NELLY  
Address: 8764 SW 8 STREET  
City-St-Zip: MIAMI, FL 33174

Title: VD  
Name: LANTIGUA-LORENZANA, ANA  
Address: 8764 SW 8 STREET  
City-St-Zip: MIAMI, FL 33174

Title: STD  
Name: JUNCO, FRANCISCO JR.  
Address: 8764 SW 8 STREET  
City-St-Zip: MIAMI, FL 33174

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: ANA LANTIGUA LORENZANA

VD

04/21/2011

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

\_\_\_\_\_  
Date