


FILED
Jul 17, 2007 8:00 am
Secretary of State

03-05-2007 90071 030 ****61.25
07-17-2007 90107 001 ****88.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V30554 1. Entity Name T C BILLING CORPORATION			
Principal Place of Business C/O INDIAN RIVER MEMORIAL HOSPITAL 1000 36TH STREET VERO BCH, FL 32960 US		Mailing Address C/O INDIAN RIVER MEMORIAL HOSPITAL 1000 36TH STREET VERO BCH, FL 32960 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent NALL, ROBERT C. 655 21ST STREET STE 203 VERO BEACH, FL 32960		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVE GARDNER, GREG 1000 36TH ST VERO BEACH, FL 32960		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>GREG GARDNER</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/19/07 (772) 567-4311 Date Daytime Phone #	