

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V30554

FILED
Mar 25, 2009
Secretary of State

Entity Name: T C BILLING CORPORATION

Current Principal Place of Business:

C/O INDIAN RIVER MEMORIAL HOSPITAL
1000 36TH STREET
VERO BCH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

C/O INDIAN RIVER MEMORIAL HOSPITAL
1000 36TH STREET
VERO BCH, FL 32960 US

New Mailing Address:

FEI Number: 65-0352812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NALL, ROBERT C.
655 21ST STREET
STE 203
VERO BEACH, FL 32960 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: DPVE () Delete
Name: GARDNER, GREG
Address: 1000 36TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SUSI, JEFFREY L
Address: 1000 36TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: VPD () Change (X) Addition
Name: FAKHRY, WAEL L
Address: 1000 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WAEL L FAKHRY

VPD

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date