

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000013834

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

**Current Principal Place of Business:**

12004 SW 9TH MNR  
DAVIE, FL 33325

**Current Mailing Address:**

12004 SW 9TH MNR  
DAVIE, FL 33325 US

**FEI Number:** 51-0450017

**Certificate of Status Desired:** No

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

SALAZAR, RAQUEL  
12004 SW 9TH MNR  
DAVIE, FL 33325 US

*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

**Officer/Director Detail :**

Title P  
Name SALAZAR, RAQUEL  
Address 12004 SW 9TH MNR  
City-State-Zip: DAVIE FL 33325

*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:** RAQUEL SALAZAR

**PRESIDENT**

**03/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date