

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000011521

**Entity Name:** DADE COUNTY BILLING SERVICE, INC

**Current Principal Place of Business:**

1435 SW 86TH COURT  
MIAMI, FL 33144

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC1996700109**

**Current Mailing Address:**

1435 SW 86TH COURT  
MIAMI, FL 33144 US

**FEI Number: 27-1862934**

**Certificate of Status Desired: No**

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

ACOSTA, GERMAN  
1435 SW 86TH COURT  
MIAMI, FL 33144 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	Title	VP
Name	ACOSTA, GERMAN	Name	ACOSTA, LILIANA
Address	1435 SW 86TH COURT	Address	1435 SW 86TH COURT
City-State-Zip:	MIAMI FL 33144	City-State-Zip:	MIAMI FL 33144

*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: GERMAN ACOSTA**

**PRESIDENT**

**04/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date