**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 28, 2014**
**Secretary of State**
**CC0655217879**

DOCUMENT# P10000077991

**Entity Name:** MEDICAL BILL CLINIC, P.A.

**Current Principal Place of Business:**

777 BRICKELL AVENUE
SUITE 475
MIAMI, FL 33131

**Current Mailing Address:**

777 BRICKELL AVENUE
SUITE 475
MIAMI, FL 33131 US

**FEI Number: 27-3547011**

**Certificate of Status Desired:** Yes

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

LUBOWITZ, DAVID A
777 BRICKELL AVENUE
SUITE 475
MIAMI, FL 33131 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 | MD | Title | D |
| Name | WALRATH, MICHAEL D | Name | LUBOWITZ, DAVID A |
| Address | 777 BRICKELL AVENUE, SUITE 475 | Address | 777 BRICKELL AVENUE, SUITE 475 |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33131 |

*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: DAVID LUBOWITZ PRESIDENT 01/28/2014

Electronic Signature of Signing Officer/Director Detail — Date