

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000004

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

**Current Principal Place of Business:**

5959 GATEWAY WEST #120  
EL PASO, TX 79925

**Current Mailing Address:**

5959 GATEWAY WEST #120  
EL PASO, TX 79925

**FEI Number: 74-2646249**

**Certificate of Status Desired: No**

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

MCCOY, JAMES E  
7107 HALF MOON LAKE DR  
WINTER GARDEN, FL 34787-0036 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 DP  
Name FLAHERTY, TODD J  
Address 5959 GATEWAY WEST #120  
City-State-Zip: EL PASO TX 79925

Title DST  
Name WEGLEITNER, TIM  
Address 5959 GATEWAY WEST #120  
City-State-Zip: EL PASO TX 79925

Title DVP  
Name SANTILLAN, JOSHUA  
Address 5959 GATEWAY WEST #120  
City-State-Zip: EL PASO TX 79925

*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: TIMOTHY M WEGLEITNER**

**ST**

**02/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date