

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000060430

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

**Current Principal Place of Business:**

11380 WAYNE DRIVE  
COOPER CITY, FL 33026

**Current Mailing Address:**

11380 WAYNE DRIVE  
COOPER CITY, FL 33026 37

**FEI Number:** 20-2734968

**Certificate of Status Desired:** No

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

ROCHA, MARIELA  
11380 WAYNE DRIVE  
COOPER CITY, FL 33026 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	PD	Title	VP
Name	ROCHA, MARIELA	Name	MORENTE, DEMI N
Address	11380 WAYNE DRIVE	Address	11380 WAYNE DRIVE
City-State-Zip:	COOPER CITY FL 33026	City-State-Zip:	COOPER CITY FL 33026

*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:** MARIELA ROCHA

**PRESIDENT**

**03/09/2023**

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

\_\_\_\_\_  
Date