

2014 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:

MORENTE, 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
Name MORENTE, MARIELA
Address 11380 WAYNE DRIVE
City-State-Zip: COOPER CITY FL 33026

Title VP
Name MORENTE, DEMI N
Address 11380 WAYNE DRIVE
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 MORENTE

PD

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date