

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088713

FILED
Apr 27, 2005
Secretary of State

Entity Name: ACCURATE MEDICAL BILLING SOLUTIONS, INC.

Current Principal Place of Business:

2519 W LAUREEN ST
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

2519 W LAUREEN ST
LECANTO, FL 34461

New Mailing Address:

FEI Number: 20-1562432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, MARLENE
2519 W LAUREEN ST
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'BRIEN, MARLENE
Address: 2519 W LAUREEN ST
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARLENE OBRIEN

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date