

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000077458

Entity Name: ALL MEDICAL BILLING SERVICES INC

Current Principal Place of Business:

1320 NW 197 STREET
MIAMI, FL 33169

Current Mailing Address:

P O BOX 552549
OPA LOCKA, FL 33055 US

FEI Number: 46-3672080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAYLE, ANTHONY
1320 NW 197 ST
MIAMI, FL 33169 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 PTS.
Name GAYLE, ANTHONY
Address 1320 NW 197 ST
City-State-Zip: MIAMI FL 33169

Title VP
Name YVETTE, BYRD
Address 1320 NW 197 ST
City-State-Zip: MIAMI FL 33056

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: ANTHONY GAYLE

PTS

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date