

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091528

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** ACCURATE MEDICAL BILLING SERVICES OF AMERICA, INC.

**Current Principal Place of Business:**

485 MARINER BLVD  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

1453 HASTINGS RD.  
SPRING HILL, FL 34608

**New Mailing Address:**

**FEI Number:** 59-3677486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MESSINEO, SUEANNE OWNER  
1453 HASTINGS RD.  
SPRING HILL, FL 34608 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

**OFFICERS AND DIRECTORS:**

Title: PVP  
Name: MESSINEO, SUE ANNE  
Address: 1453 HASTINGS ROAD  
City-St-Zip: SPRING HILL, FL 34608

Title: TS  
Name: MESSINEO, DAVID  
Address: 1453 HASTINGS ROAD  
City-St-Zip: SPRING HILL, FL 34608

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: SUE ANNE MESSINEO

PVP

03/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date