

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090020

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: AFFORDABLE MEDICAL BILLING, INC.

## Current Principal Place of Business:

1560 NE 127 STREET, SUITE 201  
MIAMI, FL 33161

## New Principal Place of Business:

1175 NE 125 STREET  
SUITE 309  
NORTH MIAMI, FL 33161

## Current Mailing Address:

1560 NE 127 STREET, SUITE 201  
MIAMI, FL 33161

## New Mailing Address:

1175 NE 125 STREET  
SUITE 309  
NORTH MIAMI, FL 33161

FEI Number: 65-1142425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONTILE, JOHN D  
1601 N PALM AVE  
STE 212  
HOLLYWOOD, FL 33026 US

## Name and Address of New Registered Agent:

GENTILE, JOHN D  
1601 N PALM AVE  
STE 212  
HOLLYWOOD, 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: JOHN D GENTILE

01/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: LUIS, NANCY  
Address: 1560 NE 127 STREET, SUITE 201  
City-St-Zip: MIAMI, FL 33161

Title: DVS ( ) Delete  
Name: HERNANDEZ, DAVID  
Address: 1560 NE 127 STREET, SUITE 201  
City-St-Zip: MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: LUIS, NANCY  
Address: 1175 NE 125 STREET # 309  
City-St-Zip: NORTH MIAMI, FL 33161

Title: DVS (X) Change ( ) Addition  
Name: HERNANDEZ, DAVID  
Address: 1175 NE 125 STREET # 309  
City-St-Zip: NORTH MIAMI, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID HERNANDEZ

D

01/23/2007

Electronic Signature of Signing Officer or Director

Date