2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P01000098952

Entity Name: AAA QUALITY MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

1066 PROVIDENCE LANE
OVIEDO, FL 32765

New Principal Place of Business:

1066 PROVIDENCE LANE
OVIEDO, FL 327657040

Current Mailing Address:

1066 PROVIDENCE LANE
OVIEDO, FL 32765

New Mailing Address:

1066 PROVIDENCE LANE
OVIEDO, FL 327657040

FEI Number: 65-1145014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELEZ, EVELYN
1066 PROVIDENCE LANE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

VELEZ, EVELYN
1066 PROVIDENCE LANE
OVIEDO, FL 327657040 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: 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: VELEZ, EVELYN
Address: 1066 PROVIDENCE LANE
City-St-Zip: OVIEDO, FL 32765

Title: VPST ( ) Delete
Name: VELEZ, JOSE R
Address: 1066 PROVIDENCE LANE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: VELEZ, EVELYN
Address: 1066 PROVIDENCE LANE
City-St-Zip: OVIEDO, FL 327657040

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

I hereby certify that the information supplied with this filing does not qualify 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: EVELYN VELEZ PSTD 04/30/2008
Electronic Signature of Signing Officer or Director — Date