

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098952

FILED
Apr 30, 2009
Secretary of State

Entity Name: AAA QUALITY MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

1066 PROVIDENCE LANE
OVIEDO, FL 327657040

New Principal Place of Business:

Current Mailing Address:

1066 PROVIDENCE LANE
OVIEDO, FL 327657040

New Mailing Address:

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 327657040 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: PSTD () Delete
Name: VELEZ, EVELYN
Address: 1066 PROVIDENCE LANE
City-St-Zip: OVIEDO, FL 327657040

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOSE R VELEZ

VPST

04/30/2009

Electronic Signature of Signing Officer or Director

Date