2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000121598

OLDSMAR, FL 34677

City-St-Zip:

Entity Name: ABSOLUTE MEDICAL BILLING SOLUTIONS INC.

FILED Apr 28, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 241 DUNCAN LOOP W #301 3060 ALT 19 NORTH DUNEDIN, FL 34698 SUITE B-1 PALM HARBOR, FL 34683 US **Current Mailing Address: New Mailing Address:** 241 DUNCAN LOOP W #301 3060 ALT 19 NORTH DUNEDIN, FL 34698 SUITE B-1 PALM HARBOR, FL 34683 US FEI Number: 26-0005558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GERARD, MIEKA 241 DUNĆAN LOOP W #301 DUNEDIN, FL 34698 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition EVERING, CHERISE Name: Name: 241 DUNCAN LOOP W #301 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: () Change () Addition GERARD, MIEKA Name: Name: 385 FOUNTAINVIEW CIR Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHERISE EVERING PRES 04/28/2003