

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032426

FILED
Mar 17, 2004
Secretary of State

Entity Name: AMERICAN MEDICAL BILLING CONSULTANTS, INC.

Current Principal Place of Business:

16201 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560393
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 04-3628890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELPS, COLLEEN M
16201 MAGNOLIA CREEK LANE
MONTVERDE, FL 34756

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: P () Delete
Name: PHELPS, COLLEEN M
Address: 16201 MAGNOLIA CREEK LANE
City-St-Zip: MONTVERDE, FL 34756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
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: COLLEEN M. PHELPS

P

03/17/2004

Electronic Signature of Signing Officer or Director

Date