

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90185 009 ***150.00

0643955
AT

DOCUMENT # P02000032426

1. Entity Name
AMERICAN MEDICAL BILLING CONSULTANTS, INC.



Principal Place of Business
16201 MAGNOLIA CREEK LANE
MONTVERDE FL 34756

Mailing Address
P.O. BOX 560393
MONTVERDE FL 34756



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3628890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PHELPS, COLLEEN M
16201 MAGNOLIA CREEK LANE
MONTVERDE FL 34756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Colleen M. Phelps
Signature, typed or printed name of registered agent and title if applicable.

COLLEEN M. PHELPS, PRESIDENT

5/12/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PHELPS, COLLEEN M	
STREET ADDRESS	16201 MAGNOLIA CREEK LANE	
CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colleen M. Phelps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLLEEN M. PHELPS, PRES.

5/12/03

Date

(407) 464-2905

Daytime Phone #

CR2E034 (10/02)

Attachment

90135792

#102000032426

May 12, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: UBR

Document P02000032426
American Medical Business Consultants, Inc.
04-3628890 Tax ID

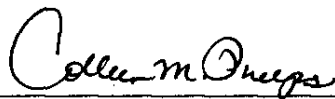
Ladies and Gentlemen:

I am writing this letter to request your acceptance of the UBR and \$150 for filing. American Medical Business Consultants, Inc. is a company that was in the process of forming in 2002. This company has been inactive, and has not produced any revenue, at this point. I am still trying to obtain financial backing and promote the business to local physicians, etc.

Enclosed is the UBR and a check in the amount of \$150. Please let me know if you have any questions or concerns regarding this request. Thank you, in advance, for your kindness and generosity in this matter.

Very truly yours,

American Medical Billing Consultants, Inc.



Colleen M. Phelps
President
(407) 469-2905