## P02000035211

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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RA CRB,

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Accurate Billing Management (Name of Corporation)			
DOCUMENT NUMBER: P02000035211			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Lorena Karp-Bishop			
(Name of Contact Person)			
Accurate Billing Management			
(Firm/Company)			
13587 71st Place North			
(Address)			
West Palm Beach, FL 33412			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Lorena Karp-Bishop at ( 561 ) 791-7764			
Lorena Karp-Bishop at (561) 791-7764  (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:  Amendment Section  Street Address:  Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			
Dersonal + confidential Tallahassee, FL 32301			
personal + confidential Atthi Susan Poune			

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: Accurate Billing Management Inc.			
2. The principal office address: 13587 71st Place North			
West Palm Beach, FL 33412			
3. The mailing addres	ss (if different):		
4. Date of incorporation	on/qualification: 03.25.02	Document number: P02000035211	
5. The name and stree Florida Department		ent and registered office on file with the	
Lilia	ana Montoya		
135	587 71st Place North		
We	est Palm Beach, FL 33412		
6. The name and stree (if changed):	et address of the new registered agent	(if changed) and /or registered offices	
Lor	rena Karp-Bishop	5	
135	587 71st Place North		
(P.O. Box NOT acceptable)			
vve	est Palm Beach, FL 33412	2	
The street address of as changed will be id	its registered office and the street ac entical.	ddress of the business office of its registered agent,	
Such change was auti- authorized by the boa	horized by resolution duly adopted lard, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.	
Ozeratura of the	i officer or director)	Lorena Karp-Bishop resident (Printed or typed name and title)	
of my duties, and I and document is being file	ppointment as registered agent and nply with the provisions of all statut n familiar with and accept the oblig ed merely to reflect a change in the notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
(Signature	of Registered Agent)	June 3, 2008	
If signing on behalf o	of an entity:		
(Typed or	Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*