

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038968

FILED
Apr 29, 2005
Secretary of State

Entity Name: ADVANCED HEALTHCARE BILLING, INC.

Current Principal Place of Business:

1891 CENTER RD
TERRA CEIA, FL 34250

New Principal Place of Business:

Current Mailing Address:

PO BOX 328
TERRA CEIA, FL 34250

New Mailing Address:

PO BOX 328
TERRA CEIA, FL 342500328

FEI Number: 01-0628585

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABRECQUE, FRANCOIS
1891 CENTER RD
TERRA CEIA, FL 34250 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: DP () Delete
Name: LABRECQUE, FRANCOIS
Address: 1891 CENTER RD
City-St-Zip: TERRA CEIA, FL 34250

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: LABRECQUE, FRANCOIS VP
Address: 1891 CENTER RD
City-St-Zip: TERRA CEIA, FL 34250

Title: PD () Change (X) Addition
Name: BROWN, ELMER C P
Address: 1891 CENTER RD
City-St-Zip: TERRA CEIA, FL 34250

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: FRANCOIS LABRECQUE

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date