

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101937

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** ADVANCE MEDICAL BILLING SYSTEM INC.

**Current Principal Place of Business:**

175 FOUNTAINBLEAU BLVD  
SUITE 1A1  
MIAMI, FL 33172

**New Principal Place of Business:**

P O BOX 8676  
UTICA, NY 13505

**Current Mailing Address:**

175 FOUNTAINBLEAU BLVD  
SUITE 1A1  
MIAMI, FL 33172

**New Mailing Address:**

P O BOX 8676  
UTICA, NY 13505

**FEI Number:** 03-0542444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

VAZQUEZ, MAGALYS  
175 FOUNTAINBLEAU SUITE 1A1  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

VAZQUEZ, MAGALYS  
P O BOX 8676  
UTICA, FL 13505 US

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: MAGALYS VAZQUEZ

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VAZQUEZ, MAGALYS  
Address: 175 FOUNTAINBLEAU BLVD SUITE 1A1  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VAZQUEZ, MAGALYS  
Address: P O BOX 8676  
City-St-Zip: UTICA, NY 13505

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: MAGALYS VAZQUEZ

PRES

05/02/2005

Electronic Signature of Signing Officer or Director

Date