

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000103418

1. Entity Name
ABSOLUTE MEDICAL BILLING ASSOCIATES, INC



Principal Place of Business
301 CAMINO GARDENS BLVD
STE 201
BOCA RATON, FL 33432

Mailing Address
301 CAMINO GARDENS BLVD
STE 201
BOCA RATON, FL 33432



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1641025

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

WILLARD, DEBRA
301 CAMINO GARDENS BLVD
STE 201
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000324385
04/22/05-80092-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WILLARD, DEBRA
261 NE 28TH ROAD
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SEC
ESCOBAR, XAVIER
401 DENNY COURT
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Debra Willard DEBRA WILLARD

4.18.05 561.395.2320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #