

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 17, 2008
Secretary of State**

DOCUMENT# P03000009095

Entity Name: UNLIMITED MEDICAL BILLING SERVICES, CORP.

Current Principal Place of Business:

7966 SW 164 PLACE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

7966 SW 164 PL
MIAMI, FL 33193 US

New Mailing Address:

7966 SW 164 PLACE
MIAMI, FL 33193

FEI Number: 14-1871135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCALANTE, YANET
7966 SW 164 PLACE
MIAMI, FL 33193 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESCALANTE, YANET
Address: 7966 SW 164 PLACE
City-St-Zip: MIAMI, FL 33193

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: CRUZ DELGADO, ANA L
Address: 5390 WEST 21 CT #311
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANA LIDIA CRUZ DELGADO

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11/17/2008

Electronic Signature of Signing Officer or Director

_____ Date