



10/1/2004-90001-017-\$550.00-\$550.00

04 OCT 13 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000014085				04 OCT 13 AM 10:02	
1. Entity Name AMERICAN MEDICAL BILLING SERVICES OF SO. FL, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6215 S.W. 107TH COURT MIAMI FL 33173		Mailing Address 6215 S.W. 107TH COURT MIAMI FL 33173			
2. Principal Place of Business 6215 SW 107 CT		3. Mailing Address 6215 SW 107 CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (4/04)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 43-1995840	
Zip 33173		Country DADE		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHESTER, NOHRA 6215 S.W. 107TH COURT MIAMI FL 33173			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Not Acceptable) City FL Zip Code		
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] DATE: 9/28/04 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PRESIDENT CHESTER, NOHRA 6215 S.W. 107TH COURT MIAMI FL 33173			VICE PRESIDENT Juana A. Gomez 2740 SW 44 ST Miami, FL 33142		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete			Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete			Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] NOHRA CHESTER, PRESIDENT. 9/28/04 (305) 596-3730 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					