


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90043 045 \*\*\*163.75

<b>DOCUMENT # P03000041820</b> 1. Entity Name <b>AMG MEDICAL BILLING &amp; TRAINING, INC.</b>					
Principal Place of Business <b>13120 NW 7 AVE</b> <b>MIAMI, FL 33168</b>			Mailing Address <b>13120 NW 7 AVE</b> <b>MIAMI, FL 33168</b>		
2. Principal Place of Business <b>9690 W. ELM LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>9690 W. ELM LANE</b> Suite, Apt. #, etc.			
City & State <b>MIRAMAR, FLORIDA</b> Zip Country <b>33025 BROWARD</b>		City & State <b>MIRAMAR, FLORIDA</b> Zip Country <b>33025 BROWARD</b>		4. FEI Number <b>56-2349576</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02032004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>COURTACCESS CENTERS OF AMERICA INC</b> <b>3249 W CYPRESS ST STE C</b> <b>TAMPA, FL 33607</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXIS, MARIE G 9690 W ELM LANE MIRAMAR, FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEXIS, MARIE G 9690 W ELM LANE MIRAMAR, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: MARIE GILIANNE ALEXIS</b> <i>Marie Gilianne Alexis</i> 2/19/04 (954)-483-5181 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					