


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90079 041 ***163.75

| | | | | | |
|--|------------------|---------------------------------|--|--|---|
| DOCUMENT # P03000041820 | | | |  | |
| 1. Entity Name AMG MEDICAL BILLING & TRAINING, INC. | | | | | |
| Principal Place of Business 9690 W. ELM LANE MIRAMAR FL 33025 | | | Mailing Address 9690 W. ELM LANE MIRAMAR FL 33025 | | |
| 2. Principal Place of Business 9690 W. ELM LANE | | | 3. Mailing Address 9690 W. ELM LANE | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State MIRAMAR FLORIDA | | | City & State MIRAMAR FLORIDA | | |
| Zip 33025 | | Country | | Zip 33025 | |
| | | | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| COURTACCESS CENTERS OF AMERICA INC 3249 W CYPRESS ST STE C TAMPA FL 33607 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City | FL |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD | | | TITLE | |
| NAME | ALEXIS, MARIE G | <input type="checkbox"/> Delete | | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 9690 W ELM LANE | | | STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL 33025 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
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| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 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: MARIE GILIANNE ALEXIS <i>Marie Gilianne Alexis</i> | | | | 1/27/05 <i>(354) 483-5181</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |