2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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TED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 28, 2005 08:00 AM DOCUMENT # P03000076106 **Secretary of State** FIDELITY BILLING & HEALTHCARE CONSULTANTS, INC. Mailing Address Principal Place of Business 330 SW 27TH AVENUE 330 SW 27TH AVENUE MIAMI FL 33135 **MIAMI FL 33135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 20-0083320 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMOS, DAIMI Street Address (P.O. Box Number is Not Acceptable) 330 SW 27TH AVENUE 707 **MIAMI FL 33135** Zio Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE Delete HAME RAMOS, DAIMI NAME STREET ADDRESS 330 SW 27TH AVENUE SUITE 707 CIREET ADDRESS CITY-ST-ZIP MIAMI FL 33135 CITY ST-ZIP ☐ Delete ☐ Change Addition TITLE HAME STREET ADDRESS STREET ADDRESS 11000000201549 CITY-ST-ZIP CHE-ST-ZIP <u> 28/05-80066-025</u> Delete HILE Addition NAME KAME STREET ADDRESS SIGNET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE Delete NAME CIREE! ADDRESS STREET ADDRESS CHY-SI-AP CHY-SI-ZIP ☐ Addition Delete ☐ Chance HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-7P ☐ Change ☐ Addilion IITI F ☐ Delete îrîi F NAME NAME STREET ADORESS STREET ADDRESS tilly St-A8 CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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.

FILED