

FROM :

FAX NO. :

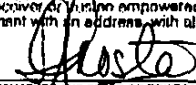
Sep. 01 2005 04:04PM P1

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP -7 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000091242					
1. Entity Name ADVANCED MEDICAL BILLING & COLLECTION, INC					
Principal Place of Business 6473 SW 8 ST MIAMI, FL 33144			Mailing Address 6473 SW 8 ST MIAMI, FL 33144		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. Name and Address of Current Registered Agent ACOSTA, HILDELYS 6473 SW 8 ST MIAMI, FL 33144				5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 renewing) DATE _____					
FILE NOW!!! FEE IS \$180.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ACOSTA, HILDELYS 6473 SW 8 ST MIAMI, FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800059752998 09/20/05--01003--013 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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 person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE _____ DAYTIME PHONE # _____					



09012005 Chg-P CR2E034 (10/03)

4. FEI Number
74-3102096 Applied For
Not Applicable11. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****FL** Zip Code**K. Eckel SEP -7 2005**