2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P03000102485 1. Entity Name ADVANCED DME BILLING INC.						05-03-2004 90	743 012	***150.0	00
Principal Place of Business		Mailing Address			1				
1617 SW 137TH CT. MIAMI, FL 33175		1617 SW 137TH CT. MIAMI, FL 33175			 	EIET IIIII BENILEBIN PRIZ	I Main a ama inail	Ologi (cirk di	1991 EL 1981
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004	Chg-P	CR2E034	4 (10/03)	··	
City & State		City & State		4. FEI Number 5 6 -	23963	351		plied For t Applicable	
Zip	Country	Zip Count		atry		f Status Desired		8.75 Add	itional
	6. Name and Address of Current	Registered Agent	I	Ī .	7. Name and	Address of New Re			
				Name			-		
BETANCOURT, MAITE 1617 SW 137TH CT. MIAMI, FL 33175			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									
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	***************************************	************	····
TITLE NAME	PD BETANCOURT, MAITE	☐ Delete	TITL NAN	,				Change	Addition
STREET ADDRESS	1 · · · · · · · · · · · · · · · · · · ·			EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33175		спу	1-ST-ZIP					
TITLE	VD	☐ Delete	TITL	E				Change	Addition
NAME	GAYNOR, WARREN M		NAA						
STREET ADDRESS CITY-ST-ZIP	421 SW 61ST AVE		- 1	eet address (-st-zip					
TITLE	MIAMI, FL 33144	Delete	TITL			<u> </u>		Ca Changa	TT Addition
NAME	••	L.: Delete	NAN	1	•			[] Change	Addition
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CITY-ST-ZIP			CITY	/-ST-ZIP					
TITLE		Delete	זוזו	B.				Change	Addition
NAME STREET ADDRESS			NAA STR	eet address					
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ Delete	1111	.E				Change	Addition
NAME			NAM	1					
STREET ADDRESS CITY-ST-ZIP			*	eet address (-ST-ZIP	•				
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STREET ADDRESS			•	EET ADDRESS					
CITY-ST-ZIP		the thin filling days and second of		Y-ST-ZIP		Chaide Cresses	6 seth a	5.46.40.7	-f-u
12. I nereby	certify that the information supplied wi	ur uns ming obes not quality to	n me exe	ambinon stated iff 2	ection 119.07(3)(1	, monda statutes. I	intrier cetti	y that the in	иоппавоп

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 of 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 attachmen with an address, with all other like empowered.

SIGNATURE:

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 305)494-9844