

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126419

**FILED**  
**May 01, 2004**  
**Secretary of State**

**Entity Name:** ALLIED MEDICAL BILLING GROUP, INC.

**Current Principal Place of Business:**

10856 HAWAII DR. SOUTH  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

3545-1 ST JOHNS BLUFF ROAD S  
274  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

10856 HAWAII DR. SOUTH  
JACKSONVILLE, FL 32246

**New Mailing Address:**

3545-1 ST JOHNS BLUFF ROAD S  
274  
JACKSONVILLE, FL 32224

FEI Number: 55-0852449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LENNIE, JAMES P  
10856 HAWAII DR. SOUTH  
JACKSONVILLE, FL 32246

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LENNIE, JAMES P  
Address: 10856 HAWAII DR. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LENNIE, JAMES P  
Address: 10856 HAWAII DR. SOUTH  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P LENNIE

PD

05/01/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date