

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000126419

Entity Name: ALLIED MEDICAL BILLING GROUP, INC.

FILED  
Jan 23, 2006  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

452 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

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

**New Mailing Address:**

452 OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

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 US

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

LENNIE, JAMES P  
879 CANDLEBARK DRIVE  
JACKSONVILLE, FL 32225 US

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: JAMES LENNIE

01/23/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) 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: 879 CANDLEBARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 LENNIE

PD

01/23/2006

Electronic Signature of Signing Officer or Director

Date