2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P03000126419

Entity Name: ALLIED MEDICAL BILLING GROUP, INC.

Current Principal Place of Business:

452 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

4040 WOODCOCK DRIVE
SUITE 233
JACKSONVILLE, FL 32207

Current Mailing Address:

452 OSCEOLA AVENUE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

4040 WOODCOCK DRIVE
SUITE 233
JACKSONVILLE, FL 32207

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
879 CANDLEBARK DRIVE
JACKSONVILLE, FL 32225 US

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: PD ( ) Delete
Name: LENNIE, JAMES P
Address: 879 CANDLEBARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 P LENNIE PD 01/04/2007
Electronic Signature of Signing Officer or Director Date