

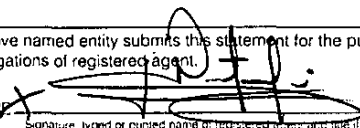
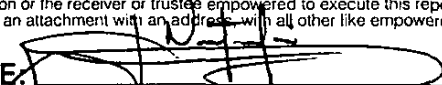


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90527 027 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                              |                                                                                                                     |                                                                                                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000101873</b><br>1. Entity Name<br><b>ACTIVE MEDICAL BILLING SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                                              |                                                                                                                     |                                                                                                                                     |  |
| Principal Place of Business<br><b>220 71ST STREET SUITE 218<br/>MIAMI BEACH, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                              | Mailing Address<br><b>220 71ST STREET SUITE 218<br/>MIAMI BEACH, FL 33141</b>                                       |                                                                                                                                                                                                                      |  |
| 2. Principal Place of Business<br><b>7441 WAYNE AVE<br/>Suite, Apt. #, etc.<br/>10-B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        | 3. Mailing Address<br><b>7441 WAYNE AVE<br/>Suite, Apt. #, etc.<br/>10-B</b> |                                                                                                                     |                                                                                                                                    |  |
| City & State<br><b>MIAMI BEACH, FL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        | City & State<br><b>MIAMI BEACH, FL.</b>                                      |                                                                                                                     | 4. FEI Number<br><b>20-1359316</b>                                                                                                                                                                                   |  |
| Zip<br><b>33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        | Country<br><b>USA</b>                                                        |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>SANCHEZ, ANDRES<br/>220 71ST STREET SUITE 218<br/>MIAMI BEACH, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                              |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>NATALIA GONZALEZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7441 WAYNE AVE #10-B</b><br>City <b>MIAMI BEACH</b> FL Zip Code <b>33141</b> |  |
| 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.<br>SIGNATURE  DATE _____<br><small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                            |                                                                                                                        |                                                                              |                                                                                                                     |                                                                                                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DP<br>SANCHEZ, ANDRES <input checked="" type="checkbox"/> Delete<br>220 71ST STREET SUITE 218<br>MIAMI BEACH, FL 33141 |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VST<br>GONZALEZ, NATALIA <input type="checkbox"/> Delete<br>220 71ST STREET SUITE 218<br>MIAMI BEACH, FL 33141         |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | PVST<br>GONZALEZ NATALIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>7441 WAYNE AVE #10-B<br>MIAMI BEACH, FL 33141                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                        |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                        |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                        |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                        |                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 attachment with an address with all other like empowered. |                                                                                                                        |                                                                              |                                                                                                                     |                                                                                                                                                                                                                      |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                                              | NATALIA GONZALEZ 4/26/05- 786-546-3225                                                                              |                                                                                                                                                                                                                      |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                                              | <small>Date Daytime Phone #</small>                                                                                 |                                                                                                                                                                                                                      |  |

**50045874**