

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115779

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: A MEDICAL CLAIMS AND BILLING SPECIALISTS INC.

## Current Principal Place of Business:

3370 SW 4 STREET  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

## Current Mailing Address:

3370 SW 4 STREET  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

FEI Number: 52-2445451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AVILA, CHRISTIAN  
3370 SW 4 STREET  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

AVILA, CHRISTIAM  
3370 SW 4 STREET  
DEERFIELD BEACH, FL 33442 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: LIZETT AVILA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: AVILA, CHRISTIAM  
Address: 3370 SW 4 STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DV ( ) Delete  
Name: AVILA, LIZETT  
Address: 3370 SW 4 STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DT ( ) Delete  
Name: CABRERA, MARINA  
Address: 3370 SW 4 STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DS ( ) Delete  
Name: AVILA, ALBERTO  
Address: 3370 SW 4 STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: LIZETT AVILA

DV

04/29/2005

Electronic Signature of Signing Officer or Director

Date