2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# P04000115779

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, CHRISTIAM
3370 SW 4 STREET
DEERFIELD BEACH, FL 33442 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: 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 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: CHRISTIAM AVILA DP 03/19/2007

Electronic Signature of Signing Officer or Director — Date