

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115779

FILED
Apr 30, 2011
Secretary of State

Entity Name: A MEDICAL CLAIMS AND BILLING SPECIALISTS INC.

Current Principal Place of Business:

1062 NW 53RD ST.
DEERFIELD BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

1062 NW 53RD ST.
DEERFIELD BEACH, FL 33064

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:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
DEERFIELD BEACH, FL 33441 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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHRISTIAM AVILA

D

04/30/2011

Electronic Signature of Signing Officer or Director

Date