# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2012**
**Secretary of State**

DOCUMENT# P04000115779

**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:**

1062 NW 53RD ST
DEERFIELD BEACH, FL 33064

**Current Mailing Address:**

1062 NW 53RD ST.
DEERFIELD BEACH, FL 33064

**New Mailing Address:**

PO BOX 4232
DEERFIELD BEACH, FL 33442

**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: LIZETT AVILA DV 05/01/2012

Electronic Signature of Signing Officer or Director — Date