

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90039 023 ***150.00

50056129



DOCUMENT # P04000155339 1. Entity Name ADVANCEMEDICAL BILLING, INC.																																																											
Principal Place of Business 10325 NORTHSHIRE TRAIL #16 WELLINGTON, FL 33414			Mailing Address 10325 NORTHSHIRE TRAIL #16 WELLINGTON, FL 33414																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 741293		07072005 Chg-P CR2E034 (10/03)																																																							
City & State Zip Country		City & State Boynton Bch, Florida. Zip Country 33474 Palm Bch																																																									
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WAEGERLE BROUGHTON, RUTH H AGENT 10325 NORTHSHIRE TRAIL #16 WELLINGTON, FL 33414																																																							
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																											
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. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																											
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WAEGERLE BROUGHTON, RUTH PRESIDE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10325 NORTHSHIRE TRAIL # 16</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WELLINGTON, FL 33414</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">VP</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NICHOLS, DAVID M VP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10325 NORTHSHIRE TRAIL # 16</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WELLINGTON, FL 33414</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	WAEGERLE BROUGHTON, RUTH PRESIDE		STREET ADDRESS	10325 NORTHSHIRE TRAIL # 16		CITY-ST-ZIP	WELLINGTON, FL 33414		TITLE	VP	<input type="checkbox"/> Delete	NAME	NICHOLS, DAVID M VP		STREET ADDRESS	10325 NORTHSHIRE TRAIL # 16		CITY-ST-ZIP	WELLINGTON, FL 33414		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																									
NAME	WAEGERLE BROUGHTON, RUTH PRESIDE																																																										
STREET ADDRESS	10325 NORTHSHIRE TRAIL # 16																																																										
CITY-ST-ZIP	WELLINGTON, FL 33414																																																										
TITLE	VP	<input type="checkbox"/> Delete																																																									
NAME	NICHOLS, DAVID M VP																																																										
STREET ADDRESS	10325 NORTHSHIRE TRAIL # 16																																																										
CITY-ST-ZIP	WELLINGTON, FL 33414																																																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																									
NAME																																																											
STREET ADDRESS																																																											
CITY-ST-ZIP																																																											
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																									
NAME																																																											
STREET ADDRESS																																																											
CITY-ST-ZIP																																																											
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: <i>Ruth Waegerle Broughton</i> 7-7-2005 561-596-6802 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																											

ATTACHMENT

0325 NORTSHIRE TRAIL #16
WELLINGTON, FLORIDA 33414
TEL 561-784-0613 OR 561 596-6802
RHBROUGH@ADELPHIA.NET

50056129
P04000155339

ADVANCEMEDICAL BILLING, INC

July 11, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
PO BOX 6327
TALLAHASSEE, FLORIDA 32314

Dear Sir or Madam:

PLEASE BE ADVISED THAT I DID NOT RECEIVE THE "ANNUAL REPORT NOTICE" FROM YOUR OFFICE. THE FIRST NOTICE I RECEIVED WAS THE "NOTICE OF INTENT TO DISSOLVE". IT WAS NOT MY ATTENTION TO FILE THIS REPORT LATE. A NOTICE WAS ALREADY SENT TO YOU BY E-MAIL YESTERDAY. THE ABOVE BUSINESS IS IN PROCESS TO MOVE TO A DIFFERENT LOCATION, PLEASE ADVISE WHAT HAS TO BE DONE IN A BUSINESS RELOCATION.

ATTACHED IS THE COMPLETED ANNUAL REPORT.

SINCERELY

Ruth Brough