

PO4000155339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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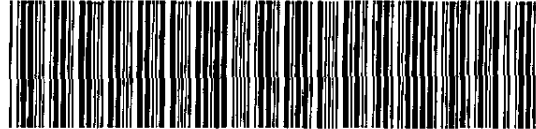
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

20

BROUGHTON  
ROUGHTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Advance Medical Billing  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000155339

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruth Broughton  
(Name of Contact Person)

Advance Medical Billing  
(Firm/Company)

150 Seminole Lakes Dr.  
(Address)

West Palm Bch, Fl. 33411  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ruth Broughton at 561 784-0613  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 18, 2005

RUTH BROUGHTON  
150 SEMINOLE LAKES DR  
W PALM BEACH, FL 33411

SUBJECT: ADVANCEMEDICAL BILLING, INC.  
Ref. Number: P04000155339

We have received your document for ADVANCEMEDICAL BILLING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 105A00063362

RECEIVED  
05 NOV -7 AM 8:00  
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ADVANCEMEDICAL BILLING, INC.
2. The principal office address: 150 SEMINOLE LAKES DR.  
WEST PALM BEACH, FL. 33411
3. The mailing address (if different): P.O. Box 741293, BOYNTON BCH, FL 33474
4. Date of incorporation/qualification: 11/15/2004 Document number: P04000155339
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
10325 Northshire Trail #10  
Wellington, FL. 33414
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
150 Seminole Lakes Dr.  
(P.O. Box NOT acceptable)  
West PALM Beach, FL. 33411

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SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ruth Broughton  
(Signature of an officer or director)

Ruth Broughton President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Ruth Broughton  
(Signature of Registered Agent)

10-2-2005

(Date)

If signing on behalf of an entity:

ADVANCEMEDICAL BILLING, INC.

[Signature]  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314