


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000014437 1. Entity Name AMD MEDICAL BILLING, INC	
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Principal Place of Business 4445 W 16 AVE 503 HIALEAH, FL 33012	Mailing Address 4445 W 16 AVE 503 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0663238	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORALES, ALHMED 8180 W. 28 CT #105 HIALEAH, FL 33018

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000811990 02/12/08-80028-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, ALHMED 8180 W. 28 CT #105 HIALEAH, FL 33018
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE: Alhmed Morales 01302008 (3)5361532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #