

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90003 042 ***150.00

DOCUMENT # P05000165565 1. Entity Name ADVANTAGE MEDICAL BUSINESS MANAGEMENT, INC.					
Principal Place of Business 4848 AGUILA PLACE ORLANDO, FL 32826			Mailing Address 4848 AGUILA PLACE ORLANDO, FL 32826		
2. Principal Place of Business 2931 Lyndscape St. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2931 Lyndscape St. <small>Suite, Apt. #, etc.</small>			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 20-3972973	
Zip 32833		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, LATRICE 4848 AGUILA PLACE ORLANDO, FL 32826			7. Name and Address of New Registered Agent Name Lakala Latson-Bronson Street Address (P.O. Box Number is Not Acceptable) 2931 Lyndscape Street City Orlando FL Zip Code 32833		
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 Lakala Latson-Bronson DATE 6/12/06 <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 6, 2006		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATSON-BRONSON, LAKALA <input type="checkbox"/> Delete 4848 AGUILA PLACE ORLANDO, FL 32826		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lakala Latson-Bronson 2931 Lyndscape Street Orlando, Florida 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete STEWART, LATRICE 4848 AGUILA PLACE ORLANDO, FL 32826		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Andes Bronson 2931 Lyndscape Street Orlando, FL 32833	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary Joann Latson 4142 Forest Island Dr. Orlando, FL 32826	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: Lakala Latson-Bronson DATE 6/12/06 (408) 492-2827 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					