

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 17 AM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09072007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3972973 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P05000165565
1. Entity Name
ADVANTAGE MEDICAL BUSINESS MANAGEMENT, INC.



Principal Place of Business Mailing Address
2931 LYNDSCAPE ST 2931 LYNDSCAPE ST
ORLANDO, FL 32833 ORLANDO, FL 32833

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4401 S. Orange Ave PO Box 5934
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Orlando, FL Winter Park, FL
Zip Country Zip Country
32806 Orange 32793 Orange

6. Name and Address of Current Registered Agent
LATSON-BRONSON, LAKALA
2931 LYNDSCAPE ST
ORLANDO, FL 32833

7. Name and Address of New Registered Agent
Name Lakala Latson-Bronson, Lakala
Street Address (P.O. Box Number is Not Acceptable)
4401 S. Orange Ave, suite 116
City Orlando FL Zip Code 32806

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 09/10/07
(NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007
9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 2931 LYNDSCAPE ST ORLANDO, FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lakala Latson-Bronson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 5934 Winter Park, FL 32793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRONSON, ANDES 2931 LYNDSCAPE ST ORLANDO, FL 32833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bronson, Andes <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 5934 Winter Park, FL 32793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATSON, JOANN 414C FOREST ISLAND DR ORLANDO, FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Latson, Joann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 5934 Winter Park, FL 32793
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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 09/10/07 (321) 206-5259
Date Daytime Phone #

9/19/07