

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165565

FILED
May 07, 2009
Secretary of State

Entity Name: ADVANTAGE MEDICAL BUSINESS MANAGEMENT, INC.

Current Principal Place of Business:

695 DOUGLAS AVENUE
ALTAMONTE, FL 32714

New Principal Place of Business:

2931 LYNDSCAPE ST
ORLANDO, FL 32833

Current Mailing Address:

PO BOX 5934
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 20-3972973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATSON-BRONSON, LAKALA
695 DOUGLAS AVENUE
ALTAMONTE, FL 32714 US

Name and Address of New Registered Agent:

LATSON-BRONSON, LAKALA
2931 LYNDSCAPE ST
ORLANDO, FL 32833 US

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.

SIGNATURE: LAKALA LATSON-BRONSON

05/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LATSON-BRONSON, LAKALA
Address: PO BOX 5934
City-St-Zip: WINTER PARK, FL 32793

Title: VP () Delete
Name: BRONSON, ANDES
Address: PO BOX 5934
City-St-Zip: WINTER PARK, FL 32793

Title: T () Delete
Name: LATSON, JOANN
Address: PO BOX 5934
City-St-Zip: WINTER PARK, FL 32793

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAKALA LATSON-BRONSON

MRS

05/07/2009

Electronic Signature of Signing Officer or Director

Date