

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P06000037332 |  |
| 1. Entity Name ADVANCED MEDICAL BILLING CONSULTANTS CORPORATION | |

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| Principal Place of Business 6521 WEST 16TH AVENUE HIALEAH, FL 33012 | Mailing Address 6521 WEST 16TH AVENUE HIALEAH, FL 33012 |
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 14-1953637 | Applied For <input type="checkbox"/> Not Applicable |
| 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 GARCIA, JANEL 310 DONIPHAN DRIVE PORT CHARLOTTE, FL 33952 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASTRO, LESLIE 6521 WEST 16TH AVENUE HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CASTRO, AGUSTIN 6521 WEST 16TH AVENUE HIALEAH, FL 33012 |
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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: *Leslie Castro* *Leslie Castro* *4/22/08* *305-338-3434*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #