2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037332

FILED Apr 28, 2009 Secretary of State

Entity Name: ADVANCED MEDICAL BILLING CONSULTANTS CORPORATION

Current Principal Place of Business: New Principal Place of Business: 8521 WEST 16TH AVENUE HIALEAH, FL 33012 Current Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: 8521 WEST 16TH AVENUE HIALEAH, FL 33012 FEI Number: 14-1953637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, JANEL 310 DONIPHAN DRIVE PORT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent Date Electron Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Name: CASTRO, AGUSTIN Address: 6521 WEST 16TH AVENUE City-St-Zip: HIALEAH, FL 33012						
Current Mailing Address: Section Memory Mailing Address: New Mailing Address: New Mailing Address: New Mailing Address: Section Memory 16-14 AVENUE HIALEAH, FL 33012 FEI Number 14-1953637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SARCIA, JANEL 310 DONIPHAN DRIVE PORT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electronic Signature of Registered Agent Date Electron Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Name: Address: 6521 WEST 16TH AVENUE Address: 6521 WEST 16TH AVENUE Title: () Change () Addition Name: Address: 6521 WEST 16TH AVENUE Name: Address: 6521 WEST 16TH AVENUE	Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
### FEI Number: 14-1953637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () **Name and Address of Current Registered Agent: **Name and Address of New Registered Agent: **GARCIA, JANEL** **310 DONIPHAN DRIVE** **PORT CHARLOTTE, FL 33952 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:** **Electronic Signature of Registered Agent** **Date** **Electronic Signature of Registered Agent** **Date** **Electronic Signature of Registered Agent** **Date** **Date** **Diltions/CHANGES TO OFFICERS AND DIRECTORS:* **Title:** **Policition Campaign Financing Trust Fund Contribution ().* **OFFICERS AND DIRECTORS:* **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:* **Diltions/CHANGES TO OFFICERS AND DIRECTORS:* **Address:* **GS21 WEST 16TH AVENUE** **Address:* **GS21 WEST 16TH AVENUE** **Title:** **V** () Delete** **Name:* **Address:* **CASTRO, AGUSTIN** **Name:* **Address:* **GS21 WEST 16TH AVENUE** **Title:** **V** () Delete** **Name:* **Address:* **GS21 WEST 16TH AVENUE* **Address:* **Address:*			JE			
HIALEAH, FL 33012 FEI Number: 14-1953637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: GARCIA, JANEL 310 DONIPHAN DRIVE PORT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Name: CASTRO, LESLIE Name: Address: 6521 WEST 16TH AVENUE City-St-Zip: HIALEAH, FL 33012 Title: V () Delete Title: () Change () Addition Name: CASTRO, AGUSTIN Name: CASTRO, AGUSTIN Name: CASTRO, AGUSTIN Name: Address: 6521 WEST 16TH AVENUE	Current M	ailing Addres	s:	New Mailing Addres	s:	
Name and Address of Current Registered Agent: GARCIA, JANEL 310 DONIPHAN DRIVE PORT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent Date Electron Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: P () Delete Title: () Change () Addition Name: CASTRO, LESLIE Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: V () Delete Title: () Change () Addition Name: CASTRO, AGUSTIN Name: Address: 6521 WEST 16TH AVENUE Address: CASTRO, AGUSTIN Name: Address: 6521 WEST 16TH AVENUE Address: CASTRO, AGUSTIN Name: Address: 6521 WEST 16TH AVENUE Address: CASTRO, AGUSTIN Name: Address: 6521 WEST 16TH AVENUE Address: CASTRO, AGUSTIN Name: Address: 6521 WEST 16TH AVENUE Address: CASTRO, WEST 16TH AVENUE CITY CASTRO, WEST 16TH AVENUE CITY			JE			
GARCIA, JANEL 310 DONIPHAN DRIVE PORT CHARLOTTE, FL 33952 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: Electronic Signature of Registered Agent Date	FEI Number:	14-1953637	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
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	Name: Address:	CASTRO, AGUS 6521 WEST 161	TIN 'H AVENUE	Name: Address:	() Change () Addition	

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: LESLIE CASTRO P 04/28/2009