2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P06000077981

Entity Name: ADMINISTRATIVE HEALTHCARE BILLING AND COLLECTIONS INC.

Current Principal Place of Business:

2417 NE 42 AVE
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

2417 NE 42 AVE
HOMESTEAD, FL 33033 US

New Mailing Address:

FEI Number: 20-5014463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAMORA, MANUEL JR
2417 NE 42 AVE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

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:

Title: DIR ( ) Delete
Name: ZAMORA, MANUEL JR
Address: 2417 NE 42 AVE
City-St-Zip: HOMESTEAD, FL 33033 US

Title: DIR ( ) Delete
Name: SPERLING, XIMENA
Address: 2402 NE 42 AVE
City-St-Zip: HOMESTEAD, FL 33033 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MANUEL ZAMORA JR DIR 01/08/2008
Electronic Signature of Signing Officer or Director Date