


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90002 046 ***150.00

DOCUMENT # P06000124363 1. Entity Name A&U MEDICAL BUSINESS SOLUTION, INC					
Principal Place of Business 9870 SCRIBNER LN WELLINGTON, FL 33414			Mailing Address 9870 SCRIBNER LN WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # 1064 IMPERIAL LAKE RD.		3. Mailing Address 1064 IMERIAL LAKE RD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State WEST PALM BEACH		City & State WEST PALM BEACH		4. FEI Number 20-5620997	
Zip 33413		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33413		Country USA		6. Name and Address of Current Registered Agent UCROS, ADRIANA 9870 SCRIBNER LN WELLINGTON, FL 33414	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1064 IMERIAL LAKE RD.		City WEST PALM BEACH FL			
Zip Code 33413		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 <i>[Signature]</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE 8/14/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 P	NAME UCROS, ADRIANA		<input type="checkbox"/> Delete		
STREET ADDRESS 9870 SCRIBNER LN	CITY-ST-ZIP WELLINGTON, FL 33414		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME ALMONTE, ANA		<input type="checkbox"/> Delete		
STREET ADDRESS 17044 N 72TH RD	CITY-ST-ZIP LOXAHATCHEE, FL 33470		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 8/14/08 <small>Date Daytime Phone #</small>		