

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109504

FILED
Apr 29, 2008
Secretary of State

Entity Name: A&S MEDICAL BILLING SERVICES, INC.

Current Principal Place of Business:

8970 JOHNSON STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8970 JOHNSON STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 26-1273935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ANGELA
4325 SW 70TH TERRACE
DAVIE, FL 33314 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: DP () Delete
Name: BEAN, SANDY
Address: 8970 JOHNSON STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: V () Delete
Name: SMITH, ANGELA N
Address: 4325 SW 70TH TERRACE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEAN, SANDRA
Address: 8970 JOHNSON STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP (X) Change () Addition
Name: SMITH, ANGELA N
Address: 4325 SW 70TH TERRACE
City-St-Zip: DAVIE, FL 33314

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: ANGELA N. SMITH

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date