

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071624

FILED
Apr 23, 2009
Secretary of State

Entity Name: ADVANT MEDICAL BILLING INC

Current Principal Place of Business:

14013 SHADY SHORES DR
TAMPA, FL 33613

New Principal Place of Business:

3434 COLWELL AVENUE
SUITE 110
TAMPA, FL 33614

Current Mailing Address:

PO BOX 271268
TAMPA, FL 33688

New Mailing Address:

3434 COLWELL AVENUE
SUITE 110
TAMPA, FL 33614

FEI Number: 26-3074265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEGENNARO, SUSAN
14013 SHADY SHORES DR
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

DEGENNARO, SUSAN
3434 COLWELL AVENUE
SUITE 110
TAMPA, FL 33614 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: SUSAN DEGENNARO

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEGENNARO, SUSAN
Address: PO BOX 271268
City-St-Zip: TAMPA, FL 33688

Title: D () Delete
Name: ANDERSON, DWAYNE
Address: PO BOX 271268
City-St-Zip: TAMPA, FL 33688

Title: D () Delete
Name: ZOLKOS, GREGORY
Address: PO BOX 271268
City-St-Zip: TAMPA, FL 33688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEGENNARO, SUSAN
Address: 3434 COLWELL AVENUE, SUITE 110
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: ANDERSON, DWAYNE
Address: 3434 COLWELL AVENUE, SUITE 110
City-St-Zip: TAMPA, FL 33614

Title: D (X) Change () Addition
Name: ZOLKOS, GREGORY
Address: 3434 COLWELL AVENUE, SUITE 110
City-St-Zip: TAMPA, FL 33614

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: DWAYNE ANDERSON

DIR

04/23/2009

Electronic Signature of Signing Officer or Director

Date