

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000060610

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** ALPHA MEDICAL BILLING SERVICE INCORPORATED

**Current Principal Place of Business:**

7630 SADDLE RD.  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

31557 AVENUE A  
BIG PINE KEY, FL 33043

**Current Mailing Address:**

P.O. BOX 37468  
JACKSONVILLE, FL 322367468

**New Mailing Address:**

P.O. BOX 430178  
BIG PINE KEY, FL 33043

**FEI Number:** 27-3044007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FICHTER, TERESSA C  
7630 SADDLE RD.  
JACKSONVILLE, FL 32221 US

**Name and Address of New Registered Agent:**

FICHTER, TERESSA C  
31557 AVENUE A  
BIG PINE KEY, FL 33043 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

01/19/2011

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: FICHTER, TERESSA C  
Address: P.O. BOX 430178  
City-St-Zip: BIG PINE KEY, FL 33043

I hereby 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 all other like empowered.

SIGNATURE: TERESSA FICHTER

CEO

01/19/2011

Electronic Signature of Signing Officer or Director

Date