
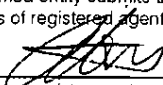
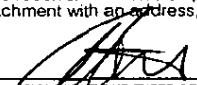


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 009 ***550.00

DOCUMENT # P93000028019 1. Entity Name ALL-MED BILLING CORP.			
Principal Place of Business 7950 NW 155 ST #101 HIALEAH FL 33016 US		Mailing Address 7950 NW 155 ST #101 HIALEAH FL 33016 US	
2. Principal Place of Business 15165 NW 77 Ave		3. Mailing Address 15165 NW 77 Ave	
Suite, Apt. #, etc. #2010		Suite, Apt. #, etc. #2010	
City & State Miami Lakes, FL		City & State Miami Lakes, FL	
Zip 33014	Country U.S.	Zip 33014	Country U.S.
6. Name and Address of Current Registered Agent DIAZ, ABNER 3151 W. 78 PLACE HIALEAH FL 33016		7. Name and Address of New Registered Agent Name Abner Diaz Street Address (P.O. Box Number is Not Acceptable) 14813 NW 87 Pl. City Miami FL Zip Code 33018	
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  DATE 08-15-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME DIAZ, ABNER STREET ADDRESS 14813 N.W. 87 PLACE CITY- ST- ZIP HIALEAH FL 33018	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY- ST- ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date 08-15-05 Daytime Phone # 786-436-7830	