


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90181 025 ***150.00

DOCUMENT # P99000012890	
1. Entity Name AMERICAN DADE MEDICAL BILLING, INC.	

Principal Place of Business 10464 SW 21ST TERRACE MIAMI FL 33165	Mailing Address 10464 SW 21ST TERRACE MIAMI FL 33165
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0894690	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GONZALEZ, ORLANDO C 10464 SW 21ST TERRACE MIAMI FL 33165	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	NAME GONZALEZ, ORLANDO C <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10464 SW 21ST TERRACE	CITY-ST-ZIP MIAMI FL 33165	STREET ADDRESS	CITY-ST-ZIP
TITLE VS	NAME GONZALEZ, ENGRACIA M <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10464 SW 21ST TERRACE	CITY-ST-ZIP MIAMI FL 33165	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:  **4-24-04 (305) 220-6530**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #