


FILED
Apr 21, 2004 8:00 am
Secretary of State

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1. Entity Name AMERICAN MEDICAL PROCESSING SERVICE, INC.			
Principal Place of Business 1964 HOWELL BRANCH RD. SUITE 100 WINTER PARK, FL 32792		Mailing Address 1964 HOWELL BRANCH RD. SUITE 100 WINTER PARK, FL 32792	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number 59-3601363		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75	
6. Name and Address of Current Registered Agent YARBROUGH, H. S. 1964 HOWELL BRANCH RD. SUITE 100 WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P YARBROUGH, H.S. 1964 HOWELL BRANCH RD. SUITE 100 WINTER PARK, FL 32792		D Blowers, H P.O. Box 8399 Chattanooga, TN 37414	
D BLOWERS, H Y P.O. BOX 8399 CHATTANOOGA, TN 37414		D Blowers, H P.O. Box 8399 Chattanooga, TN 37414	
D BLOWERS, T P.O. BOX 8399 CHATTANOOGA, TN 37414		D Blowers, H P.O. Box 8399 Chattanooga, TN 37414	
DVP YARBROUGH, D P.O. BOX 8399 CHATTANOOGA, TN 37414		D Blowers, H P.O. Box 8399 Chattanooga, TN 37414	
SD YARBROUGH, J P.O. BOX 8399 CHATTANOOGA, TN 37414		D Blowers, H P.O. Box 8399 Chattanooga, TN 37414	
D YARBROUGH, J P.O. BOX 8399 CHATTANOOGA, TN 37414		D Blowers, H P.O. Box 8399 Chattanooga, TN 37414	
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 in an attachment with an address with all other like empowered.			
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary 4-15-04 Date Original Phone #	