

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000079847

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**



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3601363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YARBROUGH, H. S.
1964 HOWELL BRANCH RD. SUITE 100
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YARBROUGH, H.S.
STREET ADDRESS	1964 HOWELL BRANCH RD. SUITE 100
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	BLOWERS, H
STREET ADDRESS	P.O. BOX 8399
CITY-ST-ZIP	CHATTANOOGA, TN 37414
TITLE	D
NAME	BLOWERS, T
STREET ADDRESS	P.O. BOX 8399
CITY-ST-ZIP	CHATTANOOGA, TN 37414
TITLE	SD
NAME	YARBROUGH, J
STREET ADDRESS	P.O. BOX 8399
CITY-ST-ZIP	CHATTANOOGA, TN 37414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/05 407657-8188