

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079847

FILED
Apr 25, 2011
Secretary of State

Entity Name: AMERICAN MEDICAL PROCESSING SERVICE, INC.

Current Principal Place of Business:

1964 HOWELL BRANCH RD.
WINTER PARK, FL 32792

New Principal Place of Business:

1964 HOWELL BRANCH RD. #109
WINTER PARK, FL 32792

Current Mailing Address:

1964 HOWELL BRANCH RD. SUITE 109
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 59-3601363 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRENCH, J
1964 HOWELL BRANCH RD. SUITE 109
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PATTON, H
Address: 1964 HOWELL BRANCH RD. SUITE 109
City-St-Zip: WINTER PARK, FL 32792

Title: S
Name: FRENCH, J
Address: 1964 HOWELL BRANCH NO. 109
City-St-Zip: WINTER PARK, FL 32792

Title: VPD
Name: YARBROUGH, D
Address: 1964 HOWELL BRANCH 109
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: YARBROUGH, J S
Address: 1964 HOWELL BRANCH NO. 109
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: BLOWERS, H
Address: 1964 HOWELL BRANCH NO. 109
City-St-Zip: WINTER PARK, FL 32792

Title: D
Name: PETERS, A
Address: 1964 HOWELL BRANCH NO. 109
City-St-Zip: WINTER PARK, FL 32792

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: D YARBROUGH

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date