

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101937

FILED
Apr 30, 2006
Secretary of State

Entity Name: ADVANCE MEDICAL BILLING SYSTEM INC.

Current Principal Place of Business:

P O BOX 8676
UTICA, NY 13505

New Principal Place of Business:

Current Mailing Address:

P O BOX 8676
UTICA, NY 13505

New Mailing Address:

FEI Number: 03-0542444 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VAZQUEZ, MAGALYS
P O BOX 8676
UTICA, FL 13505 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAZQUEZ, MAGALYS
Address: P O BOX 8676
City-St-Zip: UTICA, NY 13505

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VAZQUEZ, MAGALYS
Address: P O BOX 8676
City-St-Zip: UTICA, NY 13505

Title: VD () Change (X) Addition
Name: VAZQUEZ, DAVID
Address: P O BOX 8676
City-St-Zip: UTICA, NY 13505

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAGALYS VAZQUEZ

PD

04/30/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date