

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # F96000002233 (2)
 1. Corporation Name
ANDRES MEDICAL BILLING, LTD. CORPORATION



| | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business 1601 W. MARION, SUITE 203 PUNTA GORDA FL 33950 | Mailing Address 1601 W. MARION, SUITE 203 PUNTA GORDA FL 33950 |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|-------------------------------------------------|-----------------|------------------------|-----------------|-----------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/03/1996 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 36-4039987 | Applied For <input type="checkbox"/> Not Applicable |
| 23 Zip | 25 Country | 28 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

9. Name and Address of Current Registered Agent

MANNIX, PATRICK J
1601 W. MARION
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MANNIX, PATRICK J | |
| STREET ADDRESS | 208 W. UNIVERSITY | |
| CITY - ST - ZIP | ARLINGTON HEIGHTS IL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BETZ, SHANA | |
| STREET ADDRESS | 208 W. UNIVERSITY | |
| CITY - ST - ZIP | ARLINGTON HEIGHTS IL | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | ANDRES, WILLIAM E | |
| STREET ADDRESS | 766 PAMELA | |
| CITY - ST - ZIP | PUNTA GORDA FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ANDRES, VIRGINIA L | |
| STREET ADDRESS | 766 PAMELA | |
| CITY - ST - ZIP | PUNTA GORDA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | REYNOLDS, DONNA | |
| STREET ADDRESS | 1601 W MARION, SUITE 203 | |
| CITY - ST - ZIP | PUNTA GORDA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia A. ...* **4-14-98** **847-577-PV**

CR2E034 (10/97)