

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90005 025 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000001855**
 1. Corporation Name
NATIONAL MEDICAL FINANCIAL SERVICES CORPORATION

593919 - 90000 - 23



Principal Place of Business
 1315 GREG ST., STE. 103
 SPARKS NV 89431

Mailing Address
 1315 GREG ST., STE. 103
 SPARKS NV 89431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1998

4. FEI Number **25-1741216** Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 **9475 Double R Blvd.**

2a. Mailing Address
 26 **9475 Double R Blvd.**

Suite, Apt. #, etc.
 22 **Suite B22**

27 **Suite B22**

City & State
 23 **Reno, NV**

28 **Reno, NV**

Zip Country
 24 **89511 USA**

25 **USA**

29 **89511**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.
 1116-D THOMASVILLE RD.
 MOUNT VERNON SQ.
 TALLAHASSEE FL 32303

81 Name
Corporate Access, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
236 East 6th Avenue

83

84 City
Tallahassee

85 Zip Code
FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE

NAME **COLKITT, DOUGLAS R**

STREET ADDRESS **1315 GREG ST., STE. 103**

CITY-ST-ZIP **SPARKS NV 89431**

TITLE **D** DELETE

NAME **COLKITT, ROBERT M**

STREET ADDRESS **1315 GREG ST., STE. 103**

CITY-ST-ZIP **SPARKS NV 89431**

TITLE **D** DELETE

NAME **SPAK, JUDE J**

STREET ADDRESS **1315 GREG ST., STE. 103**

CITY-ST-ZIP **SPARKS NV 89431**

TITLE **D** DELETE

NAME **FLICKENGER, RICHARD L**

STREET ADDRESS **1315 GREG ST., STE. 103**

CITY-ST-ZIP **SPARKS NV 89431**

TITLE **P** DELETE

NAME **ROBINSON, ERIC D**

STREET ADDRESS **1315 GREG ST., STE. 103**

CITY-ST-ZIP **SPARKS NV 89431**

TITLE **V** DELETE

NAME **HORNER, ROBERT W JR.**

STREET ADDRESS **1315 GREG ST., STE. 103**

CITY-ST-ZIP **SPARKS NV 89431**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS **9475 Double R Blvd. Ste. B22**

1.4 CITY-ST-ZIP **Reno, NV 89511**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **9475 Double R Blvd. Ste. B22**

2.4 CITY-ST-ZIP **Reno, NV 89511**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS **9475 Double R Blvd. Ste. B 22**

3.4 CITY-ST-ZIP **Reno, NV 89511**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS **9475 Double R Blvd. Ste. B22**

4.4 CITY-ST-ZIP **Reno, NV 89511**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS **9475 Double R Blvd. Ste. B22**

5.4 CITY-ST-ZIP **Reno, NV 89511**

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS **9475 Double R Blvd. Ste. B22**

6.4 CITY-ST-ZIP **Reno, NV 89511**

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: *[Handwritten Signature]*

7/14/99 (775) 850-3600

CR2E034 (5/99)

59341 9-90005-25
F98000001855

National Medical Financial Services, Corp.
9475 Double R Blvd., Ste. B22
Reno, NV 89511

July 14, 1999

Annual Report Filings
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern:

Due to a change of address, the initial 1999 Profit Corporation Annual Report was never received by our office. The second notice was received on July 10th, and we received notice from our registered agent on July 12th indicating that our report status was delinquent.

We respectfully request that the late fee be waived, due to the circumstances. Enclosed with the report is payment required, less the penalty.

Thank you for your assistance.

Sincerely,



Robert W. Horner Jr.

RWH/cjk