

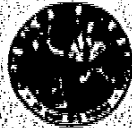
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 APR 26 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L98320** (9)  
1. Corporation Name  
**LAKE ORIENTA MEDICAL BILLING SERVICES, INC.**

Principal Place of Business      Mailing Address  
**801 ORIENTA AVE.**      **801 ORIENTA AVE.**  
**SUITE 1000**      **SUITE 1000**  
**ALTAMONTE SPRINGS FL 32701**      **ALTAMONTE SPRINGS FL 32701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/31/1990**      **04/18/1994**

2. Principal Place of Business      2a. Mailing Address  
21      26  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23      28  
Zip      Country      Zip      Country  
24      25      29      30

4. FEI Number      Applied For  
**58-3035925**      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

7. This corporation has liability for intangible tax under S. 199.092, Florida Statutes       Yes       No

**9. Name and Address of Current Registered Agent**

**KANG, RODNEY C.**  
**801 ORIENTA AVE.**  
**SUITE 2600**  
**ALTAMONTE SPRINGS FL 32701**

**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**

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

NOTE: Registered Agent signature required when registering

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PTD</b>
NAME	<b>KANG, RODNEY C.</b>
STREET ADDRESS	<b>801 ORIENTA AVE.</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRGS. FL</b>
TITLE	<b>DV</b>
NAME	<b>TRACH, MARK L.</b>
STREET ADDRESS	<b>801 ORIENTA AVE.</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRGS. FL</b>
TITLE	<b>DVS</b>
NAME	<b>GARDNER, BRENT F.</b>
STREET ADDRESS	<b>801 ORIENTA AVE.</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRGS. FL</b>
TITLE	<b>DV</b>
NAME	<b>MCKEOWN, JOHN</b>
STREET ADDRESS	<b>801 ORIENTA AVE.</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRGS. FL</b>
TITLE	<b>DV</b>
NAME	<b>REYNOLDS, CHERYL</b>
STREET ADDRESS	<b>801 ORIENTA AVE.</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRGS. FL</b>
TITLE	<b>DV</b>
NAME	<b>KRUGER, MARK</b>
STREET ADDRESS	<b>801 ORIENTA AVE.</b>
CITY - ST - ZIP	<b>ALTAMONTE SPRGS. FL</b>

**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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>dv Gardner, Brent</b>
3.3 STREET ADDRESS	<b>801 Orienta Ave.</b>
3.4 CITY - ST - ZIP	<b>Altamonte Springs, FL</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>No longer an officer</b>
4.3 STREET ADDRESS	<b>McKeown, John</b>
4.4 CITY - ST - ZIP	<b>801 Orienta Ave.</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DVS Reynolds, Cheryl</b>
5.3 STREET ADDRESS	<b>801 Orienta Avenue</b>
5.4 CITY - ST - ZIP	<b>Altamonte Springs, FL</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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 an attachment with any address.

**SIGNATURE:** *Rodney C. Kang*  
**Rodney C. Kang**  
OFFICER OR DIRECTOR

4/21/95 (407) 834-1207  
Date      System Name #

**Lake  
Oriente  
MEDICAL  
BILLING  
SERVICE  
INCORPORATED**

*Specializing in Medical Billing  
& Accounts Receivable Analysis*

L98320

Phone (407) 834-1035 Fax (407) 834-0338

801 Oriente Avenue, #1600, Altamonte Springs, Florida 32701

59-3035925

Attachment to Corporation Annual Report, 1995

7.1 Title DV  
7.2 Name Garcia, Angela  
7.3 Street Address 801 Oriente Ave.  
7.4 City-ST-Zip Altamonte Springs, FL 32701

8.1 Title D/V  
8.2 Name Poole, Wm. Randall  
8.3 Street Address 801 Oriente Ave.  
8.4 City-ST-ZIP Altamonte Springs, FL 32701

9.1 Title D/V  
9.2 Name Lopez, Jorge  
9.3 Street Address 801 Oriente Ave.  
9.4 City-ST-Zip Altamonte Springs, FL 32701

10.1 Title DV  
10.2 Name Chon, Yeong  
10.3 Street Address 801 Oriente Ave.  
10.4 City-ST-ZIP Altamonte Springs, FL 32701

11.1 Title DV  
11.2 Name Siva Sivanesan  
11.3 Street Address 801 Oriente Ave.  
11.4 City-ST-ZIP Altamonte Springs, FL 32701

12.1 Title DVT  
12.2 Name Kinder, Richard  
12.3 Street Address 801 Oriente Ave.  
12.4 City-ST-ZIP Altamonte Springs, FL 32701

Please delete the following from the list of officers and directors:

4.1 Title DV  
4.2 Name McKeown, John  
4.3 Street Address 801 Oriente Ave.  
4.4 City-ST-ZIP Altamonte Springs, FL 32701