

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **801 ORIENTA AVE. SUITE 1600 ALTAMONTE SPRINGS FL 32701**
Mailing Address: **801 ORIENTA AVE. SUITE 1600 ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified: **08/31/1990**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-3035925**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
85. Zip Code **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KANG, RODNEY C.	
STREET ADDRESS	801 ORIENTA AVE.	
CITY - ST - ZIP	ALTAMONTE SPRGS. FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TRACH, MARK L.	
STREET ADDRESS	801 ORIENTA AVE.	
CITY - ST - ZIP	ALTAMONTE SPRGS. FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GARDNER, BRENT F.	
STREET ADDRESS	801 ORIENTA AVE.	
CITY - ST - ZIP	ALTAMONTE SPRGS. FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	REYNOLDS, CHERYL	
STREET ADDRESS	801 ORIENTA AVE.	
CITY - ST - ZIP	ALTAMONTE SPRGS. FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KRUGER, MARK	
STREET ADDRESS	801 ORIENTA AVE.	
CITY - ST - ZIP	ALTAMONTE SPRGS. 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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: Rodney C. Kang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (407) 834-7229
DATE FILED

CR2E034 (12/95)

Lake
Orienta
**MEDICAL
BILLING
SERVICE
INCORPORATED**

*Specializing in Medical Billing
& Accounts Receivable Analysis*

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

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

59-3035925

Attachment to Corporation Annual Report

7.1 Title	DV
7.2 Name	Garcia, Angela
7.3 Street Address	801 Orineta 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 Orienta 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 Orienta Ave.
9.4 City-ST-Zip	Altamonte Springs, FL 32701
10.1 Title	DV
10.2 Name	Chon, Yeong
10.3 Street Address	801 Orienta Ave.
10.4 City-ST-ZIP	Altamonte Springs, FL 32701
11.1 Title	DV
11.2 Name	Siva Sivanesan
11.3 Street Address	801 Orienta Ave.
11.4 City-ST-ZIP	Altamonte Springs, FL 32701
12.1 Title	DVT
12.2 Name	Kinder, Richard
12.3 Street Address	801 Orienta Ave.
12.4 City-ST-ZIP	Altamonte Springs, FL 32701