

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

FILED

**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # *L 98320*
1. Corporation Name
LAKE ORIENTA MEDICAL BILLING SERVICES, INC.

Principal Place of Business: _____ Mailing Address: _____

2. Principal Place of Business 21 1061 Maitland Cntr Commons Suite, Apt. #, etc. _____	2a. Mailing Address 26 1061 Maitland Cntr Commons Suite, Apt. #, etc. _____	3. Date Incorporated or Qualified 08/31/1990	3a. Date of Last Report 04/25/96
22. City & State 23 Maitland, FL	27. City & State 28 Maitland, FL	4. FEI Number 59-3035925	Applied For <input type="checkbox"/> Not Applicable
24. Zip 32751	25. Country Orange	29. Zip 32751	30. Country Orange

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

9. Name and Address of Current Registered Agent

Kang, Rodney C.
1061 Maitland Cntr Commons
Maitland, FL 32751

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	Kang, Rodney C.	
STREET ADDRESS	1061 Maitland Cntr Commons	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Trach, Mark L.	
STREET ADDRESS	1061 Maitland Cntr Commons	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Gardner, Brent F.	
STREET ADDRESS	1061 Maitland Cntr Commons	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	Reynolds, Cheryl	
STREET ADDRESS	1061 Maitland Cntr Commons	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Kruger, Mark	
STREET ADDRESS	1061 Maitland Cntr Commons	
CITY-ST-ZIP	Maitland, FL 32751	
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	

200002164232
-05/02/97--01117--029
*****165.00**

14. I do 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 reported 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, M.D.* **04/28/97** **407-875-0555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Rodney C. Kang, M.D.

CR2E034 (9/96)