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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR -8 PM 2:33

DOCUMENT # P94000061760 (2)

1. Corporation Name
SUNBELT MEDICAL BILLINGS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
100 N.E. THIRD AVE. SUITE 1100 FT. LAUDERDALE FL 33301	100 N.E. THIRD AVE. SUITE 1100 FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 12302 NE 6 AVE
22: Suite, Apt. #, etc.
23: City & State: NORTH MIAMI, FL
24: Zip: 33161
25: Country: USA

2a. Mailing Address
26: 12302 NE 6 AVE
27: Suite, Apt. #, etc.
28: City & State: NORTH MIAMI, FL
29: Zip: 33161
30: Country: USA

4. FEI Number: 65-0519430 ☐ 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

9. Name and Address of Current Registered Agent

EMAS, MARSHALL J
100 N.E. THIRD AVE.
SUITE 1100
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: ANDRE STACHEWITSCH
82 Street Address (P.O. Box Number is Not Acceptable): 12302 NE 6 AVE
83:
84 City: NORTH MIAMI FL 85 Zip Code: 33161

11. Pursuant to the provisions of Section 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: ✓ ANDRE STACHEWITSCH ✓ 2/28/95
Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PID MARC STACHEWITSCH 12302 NE 6 AVE NORTH MIAMI, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VID ANDRE STACHEWITSCH 12302 NE 6 AVE NORTH MIAMI, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SID MONIQUE STACHEWITSCH 12302 NE 6 AVE NORTH MIAMI, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TID MONA STACHEWITSCH 12302 NE 6 AVE NORTH MIAMI, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I/We 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)(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 addition.

SIGNATURE: ✓ ANDRE STACHEWITSCH ✓ 2/28/95 (305) 893-2695
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR DATE Daytime Phone #

0210500 CP