

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PH 2: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000085135 (9)**

1. Corporation Name

**H-TECH MEDICAL BILLING, CORP.**

Principal Place of Business

4711 NW 79TH AVE  
SUITE 041  
MIAMI FL 33166

Mailing Address

4711 NW 79TH AVE  
SUITE 041  
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified  
**11/22/1994**

3a. Date of Last Report  
**N/A**

4. FEI Number  
**65-0535310**

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 Suits, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suits, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**RUIZ, EMILIO  
830 SW 99TH PL  
MIAMI FL 33174**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>GARCIA, ANTONIO</b>
STREET ADDRESS	<b>4711 NW 79TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>V</b>
NAME	<b>RUIZ, EMILIO</b>
STREET ADDRESS	<b>4711 NW 79TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>S</b>
NAME	<b>RUIZ, CRISTINA</b>
STREET ADDRESS	<b>4711 NW 79TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<b>T</b>
NAME	<b>RUIZ, AMELIA</b>
STREET ADDRESS	<b>4711 NW 79TH AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>EMILIO RUIZ</b>	
1.3 STREET ADDRESS	<b>4711 NW 79TH AVE #B-H</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>AMELIA RUIZ</b>	
2.3 STREET ADDRESS	<b>4711 NW 79TH AVE #B-H</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
3.1 TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CRISTINA RUIZ</b>	
3.3 STREET ADDRESS	<b>4711 NW 79TH AVE #B-H</b>	
3.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
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		

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)(b), 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 the 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: *Cristina Ruiz* **CRISTINA RUIZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-95 305-5920608**  
DATE DAYTIME PHONE #