

**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 # **P94000085135 (9)**

1. Corporation Name

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



Principal Place of Business

Mailing Address

~~4711 NW 79TH AVE - SUITE 8H MIAMI FL 33166~~

~~4711 NW 79TH AVE - SUITE 8H MIAMI FL 33166~~

2. Principal Place of Business

2a. Mailing Address

21 **8080 W FLAGLER ST**

26 **8080 W FLAGLER ST**

22 Suite, Apt. #, etc. **3-D**

27 Suite, Apt. #, etc. **3-D**

23 **MIAMI, FL 3**

28 **MIAMI, FL**

24 Zip **33144**

25 Country

29 Zip **33144**

30 Country

9. Name and Address of Current Registered Agent

**RUIZ, EMILIO**  
~~830 SW 90TH PL MIAMI FL 33174~~

10. Name and Address of New Registered Agent

81 Name **RUIZ, EMILIO**  
82 Street Address (P.O. Box Number is Not Acceptable) **5240 SW 95 CT**  
83  
84 City **MIAMI** FL 85 Zip Code **33165**

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE **EMILIO RUIZ** *[Signature]* **PRESIDENT**

**4/8/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, EMILIO</b>	
STREET ADDRESS	<b>4711 NW 79TH AVE #8H</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, AMELIA</b>	
STREET ADDRESS	<b>4711 NW 79TH AVE #8H</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, CRISTINA</b>	
STREET ADDRESS	<b>4711 NW 79TH AVE #8H</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, AMELIA</b>	
STREET ADDRESS	<b>4711 NW 79TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>8080 W FLAGLER ST #3-D</b>
14 CITY-ST-ZIP	<b>MIAMI, FL 33144</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>8080 W FLAGLER ST 3-D</b>
24 CITY-ST-ZIP	<b>MIAMI, FL 33144</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>8080 W FLAGLER ST 3-D</b>
34 CITY-ST-ZIP	<b>MIAMI, FL 33144</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>8080 W FLAGLER ST. 3-D</b>
44 CITY-ST-ZIP	<b>MIAMI, FL 33144</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>600001810456</b>
54 CITY-ST-ZIP	<b>-05/07/96--01021--021</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>***200.00</b>
63 STREET ADDRESS	
64 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 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: *[Signature]* **Cristina Ruiz** **4/8/96** **(305) 266-7625**

CR2E034 (12/95)