

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

FILED

May 07 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 # P96000018518 1. Corporation Name FAST SERVICES MEDICAL BILLING, INC.		

Principal Place of Business 6217 SW 131 P1 #104 Miami FL 33183	Mailing Address 6217 SW 131 P1 #104 Miami FL 33183
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2. Principal Place of Business 21 13024 SW 43rd Lane Suite, Apt. #, etc.		2a. Mailing Address 26 13024 SW 43rd Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/26/96	3a. Date of Last Report Applied For Not Applicable
22 City & State 23 Miami FL		27 City & State 28 Miami FL		4. FEI Number 65-0643402	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
24 Zip 33175		29 Zip 33175		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

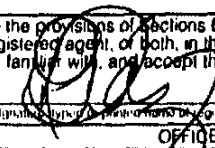
9. Name and Address of Current Registered Agent

DIAZ, GLEIVY A.
 6217 SW 131 P1 #104
 Miami FL 33183

10. Name and Address of New Registered Agent

81 Name
 DIAZ, GLEIVY A.
82 Street Address (P.O. Box Number is Not Acceptable)
 13024 SW 43rd Lane
83
84 City
 Miami
85 Zip Code
 FL 33175

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 607.0506, Florida Statutes.

SIGNATURE:  **GLEIVY A DIAZ** **04/29/97**
 (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE PS NAME DIAZ, GLEIVY A. STREET ADDRESS 6217 SW 131 P1 #104 CITY-STATE-ZIP Miami FL 33183	☐ DELETE	11 TITLE DPST 12 NAME DIAZ, GLEIVY A. 13 STREET ADDRESS 13024 SW 43rd Lane 14 CITY-STATE-ZIP Miami FL 33175	☒ Change ☐ Addition
15 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP	☐ Change ☐ Addition
16 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP	☐ Change ☐ Addition
17 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP	☐ Change ☐ Addition
18 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP	☐ Change ☐ Addition
19 TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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:  **GLEIVY A DIAZ - PRESIDENT** **04/29/97** **(305)551-2040**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR