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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 | Mailing Address |
|---|---|
| 6217 SW 131 Pl #104<br>Miami FL 33183 | 6217 SW 131 Pl #104<br>Miami FL 33183 |

3. Date Incorporated or Qualified: 02/26/96
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 13024 SW 43rd Lane | 26 13024 SW 43rd Lane |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Miami FL | 28 Miami FL |
| 24 Zip 33175 / 25 Country | 29 Zip 33175 / 30 Country |

4. FEI Number: 65-0643402 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| DIAZ, GLEIVY A.<br>6217 SW 131 Pl #104<br>Miami FL 33183 | 81 Name: DIAZ, GLEIVY A.<br>82 Street Address (P.O. Box Number is Not Acceptable): 13024 SW 43rd Lane<br>83<br>84 City: Miami FL 85 Zip Code: 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 607.0505, Florida Statutes.

SIGNATURE: _____ GLEIVY A DIAZ 04/29/97
Signature(s) of previously designated 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 | ☐ DELETE<br>PS<br>DIAZ, GLEIVY A.<br>6217 SW 131 Pl #104<br>Miami FL 33183 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | ☒ Change ☐ Addition<br>DPST<br>DIAZ, GLEIVY A.<br>13024 SW 43rd Lane<br>Miami FL 33175 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | ☐ Change ☐ Addition<br>000002181180<br>-05/16/97--01042--013<br>***165.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | ☐ Change ☐ Addition<br>cs<br>5/7/97 |

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 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 — Title — Date — Daytime Phone Number