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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMETT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600059453 (6)

APOLLO MEDICAL BILLING SERVICES, INC.

Principal Place of Business Mailing Address

2000 MADLE CT 2000 MADLE CT

FILED Mar 17 1997 8:00am Secretary of State



T IT respons total	A. Or Edisiries at	maming macross	2959 MAPLE CT PALM HARBOR FL 34683-7159						
2959 MAPLE O PALM HARBOR									
						 Date Incorporated or Qualified 07/15/1996 	3a . Da	ite of Las	t Report
2. Principal Place of Business 2a. Mailing Ad			ddress			A CEI Number			Applied For
21		26				4 - 2 			Not Applicable
Suite, Apt.	Suite, Apt. #, etc	le, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e e	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζφ 24	Country Zip 25 29			intry		B. This corporation has liability for intaggible tax under s. 199.032, Florida Statutes Pres No No			
	9. Name and Address of Cur	rent Registered Agent		ļ,		10. Name and Address of New Re	gistered /	Agent	
DIN	ICOLA, FRANCES			B1	Name				
2959 MAPLE CT PALM HARBOR FL 34683					Street Ad	ldress (P.O. Box Number is Not Acceptat	ole)		
				83		, <u>12 (2011) (20</u>			· · · · · · · · · · · · · · · · · · ·
				84	City	, , , , , , , , , , , , , , , , , , , ,	FL	85 Z	ip Code
11. Pursuant office or i	to the provisions of Sections 607.0	502 and 607.1508, Florida Sate of Florida Such change v	tatutes, the al	bove d by	e-named co	orporation submits this statement for the pration's board of directors. I hereby accept		changin	g its registered
agent. La	im familiar with, and accept the ob	ligations of, Section 607.050!	5, Florida Stat	lutes	S.		or the app	011111111111111111111111111111111111111	uo rugiore a
SIGNATURE	Signating Type dior profed having of registered	arrent and little if applicable	INOTE Registers	d Ane	of signal up rec	quired when reinstaling)	DATE		
12.		AND DIRECTORS	13.		- War and Control	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TIFLE	D	DELETE	1.1 1	TLE				Chan	
NAME	DINICOLA, FRANCES		1.2 N	AME	ľ				
STREET ADDRESS	2959 MAPLE CT		1.3 \$	TAEET	ADDRESS				
City-St-ZiP	PALM HARBOR FL 34683		1.4 0	ITY-S	Y-ZIP				
TITLE	A Land And State of the Control of t	☐ DELETE	2.1 1	TLE				Chang	ge 🔲 Addition
NAME			2.2 N	AME	1		7, 1		
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIF	· · · · · · · · · · · · · · · · · · ·				ST-ZIP				
THE		DELETE	3.11	TLE				L Chan	ge Addition
NAME			3.2 N						
STREET ADDRESS			3.3 S	TREET	ADDRESS				
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NAME			4.2 N						
STREET ADDRESS					ADDRESS				
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NAME CANCEL ADDRESS			5.2 N		1000000				
STREET ADORESS					ADDRESS				
COLVEST ZIF		DELETE			iT-ZIP		,	Chan	ge Addition
THILE		רין ואנונונ						La chan	åe i''t wommin
NAME:			62 N						
STREET AUDRESS					ADDRESS				
CCTY+S1+Zir*			6.4 C	(1Y-S	T-ZIP				

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:

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20.97

Daytime Phone #

CR2E034 (9/96)