

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

FILED

95 APR 19 AM

SECRETARY OF
TALLAHASSEE

DOCUMENT # F93000005885 (9)

1. Corporation Name

MEDI - BILL ASSOCIATES, INC.

Principal Place of Business

3130 IRWIN AVE. STE. 2C
STE 2C
RIVERDALE NY 10463
US

Mailing Address

3130 IRWIN AVE. STE. 2C
STE 2C
RIVERDALE NY 10463
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

Country

25

Country

30

9. Name and Address of Current Registered Agent

DINERSTEIN SIDNEY
15 ST. GEORGE PL
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

85 Zip Code

FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STITZ, MARK	1.2 NAME	
STREET ADDRESS	3125 TIBBETT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERDALE NY 10463	1.4 CITY-ST-ZIP	
TITLE	DPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDICK, MICHAEL	2.2 NAME	
STREET ADDRESS	3130 IRWIN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERDALE NY 10463	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(k), Florida Statute. 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 II character, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND
PRINTED NAME OF SIGNER AS DIRECTOR

4/15/95 7K-884-5153
Daytime Phone