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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G95554

(3)

MEDICAL BILLING SERVICES OF PENSACOLA, INC.  Principal Place of Business  Mailing Address							
Principal Place of Business Mailing Address					L HORINI ADIO MINDI DIIDI DIIDI DIIDI	iir bibi bibii dibii aldii Ak	PAL BABAN BABAN 1841
5150 BAYOU	) BLVD	5150 BAYOU BLVD					
SUITE 2-H PENSACOLA	FI 30503	SUITE 2-H	-44				
LHUNOULI	FL 32303	PENSACOLA FL 325	503		3. Date Incorporated or Qualified	3a. Date of Last	Report
<del></del>					04/10/1984	03/20/19	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	Applied For
Suite, Apt. #, etc.		26		59-2401041		Not Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional
City & State	2	City & State				ree	Required
3	,	28			Election Campaign Financing     Trust Fund Contribution		00 May Be
Zip	Country	Zip	Countr	v	This corporation has liability for	Add	ed to Fees
4	25	29	30	,	Florida Statutes	intangibie tax under s s 🔣 No	\$ 199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New		
			8	Name			
	DONNA E.		82	Stroot Add	ress (P.O. Box Number is Not Acceptal	LIEV	
	YOU BLVD., SUITE 2-H		[	Olioo! nuu	1855 (F.O. DOX HUITIDO) IS NOT ACCEPTA	010)	
SUITE 2	-H		83	3			
PENSAC	OLA FL 32503		84	City			
							ip Code
or registere familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Sect	? and 607.1508, Florida Stati da. Such change was author ion 607.0505, Florida Statuti	utes, the above- rized by the corp es.	named corpo poration's boa	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing its pointment as registered	registered office d agent. I am
SIGNATURE _							
12.	Signature, typed or printed name of registered agent OFFICERS ANI		NOTE: Registered Age	ont signature require		DATE	
TITLE	PD OFFICERS AND	DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12
				I .			
NAME	YORK DONNA F.	- Druck	1. 1 TITLE 12 NAME			☐ Change	Addition
NAME STREET ADDRESS	YORK, DONNA E. 5150 BAYOU BLVD #2H	- Breeze	12 NAME	f Annoego			☐ Addition
	5150 BAYOU BLVD #2H	- Ditterio	1.2 NAME 1.3 STREE	T ADDRESS			☐ Addition
STREET ADDRESS		DELETE	12 NAME	1		☐ Change	
STREET ADDRESS CITY-ST-ZIP	5150 BAYOU BLVD #2H		1.2 NAME 1.3 STREE 1.4 C/TY-	1			Addition
STREET ADDRESS CITY-ST-ZIP	5150 BAYOU BLVD #2H		1.2 NAME 1.3 STREE 1.4 C/TY- 2. 1 T/TLE 2.2 NAME	1		☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE JAME	5150 BAYOU BLVD #2H		1.2 NAME 1.3 STREE 1.4 C/TY- 2. 1 T/TLE 2.2 NAME	ST-ZIP		☐ Change	
STREET ADDRESS DITY-ST-ZIP TITLE HAME STREET ADDRESS	5150 BAYOU BLVD #2H		1 2 NAME 13 STREE 14 CITY- 2 1 TITLE 2 2 NAME 2 3 STREE	ST-ZIP		☐ Change	
STREET ADDRESS CHTY-ST-ZIP THE HAME STREET ADDRESS CHTY-ST-ZIP HEE HAME	5150 BAYOU BLVD #2H	☐ DELETE	1 2 NAME 1 3 STREE 1 4 CITY -: 2 1 TITLE 2 2 NAME 2 3 STREE 2 4 CITY -:	ST-ZIP		☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP CHILE LIAME STREET ADDRESS CHY-ST-ZIP LICE LIAME LIAME LIAME LIAME LIAME LIAME LIAME	5150 BAYOU BLVD #2H	☐ DELETE	1 2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ST-ZIP  T ADDRESS ST-ZIP		☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP THE HAME STREET ADDRESS CHY-ST-ZIP HILE HAME HAME HAME HAME HAME HAME HAME HAM	5150 BAYOU BLVD #2H	☐ DELETE	1 2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 3.4 CITY 3.5 TREE	T ADDRESS ST-ZIP T ADDRESS		☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP CHILE LIAME STREET ADDRESS CHY-ST-ZIP HILE LIAME	5150 BAYOU BLVD #2H	☐ DELETE	1 2 NAME 1.3 STREE 1.4 CHY- 2.1 THE 2.2 NAME 2.3 STREE 2.4 CHY- 3.1 THE 3.2 NAME 3.3 STREE	T ADDRESS ST-ZIP T ADDRESS		☐ Change	Addition
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STREET ADDRESS STITY-ST-ZIP TITLE JAME STREET ADDRESS STITY-ST-ZIP JAME JAME JAME JAME JAME JAME JAME JAME	5150 BAYOU BLVD #2H	☐ DELETE	12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 22 NAME 23 STREE 24 CITY- 3 1 TITLE 32 NAME 3.3 STREE 34 CITY- 41 TITLE 42 NAME 4.3 STREE	ST-ZIP  T ADDRESS ST-ZIP  1 ADDRESS ST-ZIP  ADDRESS ADDRESS		☐ Change☐ Change☐ Change☐ Change☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP CHILE LIAME STREET ADDRESS CHY-ST-ZIP HILE LIAME LIA	5150 BAYOU BLVD #2H	☐ DELETE	12 NAME 1.3 STREE 1.4 CHY- 2.1 THE 22 NAME 23 STREE 24 CHY- 3 1 THE 32 NAME 3.3 STREE 3.4 CHY- 4.1 THE 4.2 NAME 4.3 STREE 4.4 CHY- 5.4 CHY- 5.5 CHY- 5.5 CHY- 5.6 CHY- 5.7 CHY	ST-ZIP  T ADDRESS ST-ZIP  1 ADDRESS ST-ZIP  ADDRESS ADDRESS		Change	Addition
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STREET ADDRESS CHY-ST-ZIP THE JAME STREET ADDRESS CHY-ST-ZIP HALE JAME JAME JAME JAME JAME JAME JAME JAM	5150 BAYOU BLVD #2H	☐ DELETE	1 2 NAME 1 3 STREE 1 4 CITY-1 2 1 TITLE 2 2 NAME 2 3 STREE 2 4 CITY-1 3 1 TITLE 3 2 NAME 3 3 STREE 3 4 CITY-5 4 1 TITLE 4 2 NAME 4 3 STREE 5 2 NAME 5 3 STREET	T ADDRESS ST-ZIP T ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ADDRESS		Change	Addition  Addition
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SIGNATURE: Down E. YORK 4-24-

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904-477-7977