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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

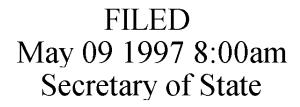
DOCUMENT # H88001

(3)

D.H. BILLING AND DIAGNOSTICS SERVICES, INC.

Principal Place of Business

Mailing Address





15204 ALEXIS TAMPA FL 33		15204 ALEXIS DRIVE TAMPA FL 33624-2347							
						3. Date Incorporated or Qualified 3a. Date of 12/04/1985 05/01/19			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21		26			59-2899959			Not Applicable	
Sulte, Ap		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St.	ale	City & State	City & State			Election Campaign Financing Trust Fund Contribution	g \$5.00 May Be Added to Fees		
Zip 24	Country Z _{IP} 25 29 30			Country		This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Cur			I		10. Name and Address of New Reg			
MIL	LS, FREDERICK J.		* · · · · · · · · · · · · · · · · · · ·	81	Name		<u> </u>		
	RRISON, MORRISON & GREGI	ORY P.A.	Y P.A.		Strect Address (P.O. Box Number is Not Acceptable)				
	N FLORIDA AVE #1700		82 Street Ad			press (F.O. Box Number is Not Acceptab	υ)		
TAI	MPA FL 33602			83					
				84	City		FI.	85 7	ip Code
11. Pyrsuar	nt to the provisions of Sections 607.	0502 and 607.1508, Florid	la Statutes, the	e abov	e-named cor	poration submits this statement for the pr	urpose of	L.L.changir	g its registered
office of agent. I	r registered agent, or both, in the SI am familiar with, and accept the of	tate of Florida, Such chang digations of, Section 607.0	ge was author 0505, Florida (ized b Slatule	y the corpora s.	poration submits this statement for the pration's board of directors. I hereby accep	t the appo	intment	as registered
SIGNATURE	-								
	Signature, lypiod or printed name of registered				ant signature requ	red when reinstaling)	DATE		
12.	PTS	AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC	ERS AND		
NAME	HERRERA, DAMARIK	Uti	· ·	1 THILE 2 NAME			,	Chan	ge Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	TAMPA FL								
TITLE	D	DE		1 THILE				Chan	ge Addition
NÀME	HERRERA, DAMARIK		2	2 NAME					
STREET ADDRESS			2	3 STREE	ADDRESS				
CITY-ST-ZIP	TAMPA FL			4 CITY-	S1 - ZIP				
TITLE	•	DE:	LFTE 3	.1 TOLE				Chang	ge 🔲 Addition
NAME				.2 NAME		•			
STREET ADDRESS	3				ADDRESS				
CITY-ST-ZIP TITLE		DEI		4. COLY- .1 THILE	ST-ZIP			Chang	ge Addition
NAME		C 00	1	. 1 MILE . 2 NAMÉ	Ì				åe FT voo.⊓ou
STREET ADDRESS	3				ADDRESS				
CITY-ST-ZIP				.4 CHY- 9					
TITLÉ		☐ DE		TITLE				Chang	ge 🔲 Addition
NAME			5	2 NAME					
STREET ADDRESS	s		5	3 STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>			4 CIT7 - 9	T - ZIP				
TITLE		☐ DEI		.1 TITLE			Į	Chang	ge 🔲 Addition
NAME				2 NAME					
STREET ADDRESS					ADDRESS				
City-St-ZIP	1		Ê	A CITY-S	1-71P				

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.