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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90041 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H88001

1. Corporation Name

D.H. BILLING AND DIAGNOSTICS SERVICES, INC.

Principal Place of Business

15204 ALEXIS DRIVE
TAMPA FL 33624

Mailing Address

15204 ALEXIS DRIVE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

CHANGED

CHANGED

2. Principal Place of Business

3910 Northdale Blvd.

2a. Mailing Address

3910 Northdale Blvd.

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33624-1800 USA

Zip

33624-1800 USA

3. Date Incorporated or Qualified

12/04/1985

4. FEI Number

59-2899959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

MILLS, FREDERICK J.
MORRISON, MORRISON & GREGORY P.A.
1200 W PLATT ST STE 100
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

Frederick J. Mills

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

Morrison, Morrison & Mills, P.A.

83

1200 W. Platt Street, Suite 100

84 City

Tampa

FL

85

Zip Code
33606

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

Frederick J. Mills

1/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
HERRERA, DAMARIK
15204 ALEXIS DRIVE
TAMPA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERRERA, DAMARIK
15204 ALEXIS DRIVE
TAMPA FL

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CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Secretary/Director

☒ Change

☐ Addition

1.2 NAME

Herrera, Damarik

1.3 STREET ADDRESS

15204 Alexis Dr.

1.4 CITY-ST-ZIP

Tampa, FL 33624

2.1 TITLE

President/Director

☐ Change

☒ Addition

2.2 NAME

Prado, Juan C.

2.3 STREET ADDRESS

6625 Van Dyke Road

2.4 CITY-ST-ZIP

Lutz, FL 33549

3.1 TITLE

Vice Pres/Director

☐ Change

☒ Addition

3.2 NAME

Prado, Jenifer Z.

3.3 STREET ADDRESS

6625 Van Dyke Road

3.4 CITY-ST-ZIP

Lutz, FL 33549

4.1 TITLE

Vice Pres/Director

☐ Change

☒ Addition

4.2 NAME

del Cueto, Juan

4.3 STREET ADDRESS

15129 Springview Street

4.4 CITY-ST-ZIP

Tampa, FL 33624

5.1 TITLE

Treasurer/Director

☐ Change

☒ Addition

5.2 NAME

Romer, John A. III

5.3 STREET ADDRESS

502 S. Willow #10

5.4 CITY-ST-ZIP

Tampa, FL 33606

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*

[Signature] Juan C. Prado, President

1/26/99

913/264-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)