**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **K89252** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90099 020 \*\*\*150.00

SPECIAL	ized medical billing, in	C.					
Principal Place	e of Business	Mailing Address			T (MESANTE MAI 4851A IA11A (1841 A(110 118) )	71911 BIBIT BIBIT BIBIT B	)
2151 W. HILLSBORO BLVD 199 S. ADDISON RD.							
STE. 307 STE. 101 DEERFIELD BEACH FL 33442-1275 WOOD DALE IL 60191 US					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed	11113 01 AGE	
		00			05/17/1989		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	pulied For
21	lace of Business	26			65-0125321	<del> </del>	of Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desired	•	equired
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current ye		
24	25	29	30		Personal Property Tax.	Yes	∑šNo
	9. Name and Adc ress of Curren	Registered Agent			10. Name and Address of New Regist	ered Agent	
OCN	METT IANE I		Ι'	31 Name			ì
BENNETT, JANE L			1	32 Street Arid	Iress (P.O. Bo) Number is Not Acceptable)		
2151 W. HILLSBORO BLVD. STE. #307			ļ_				
	RFIELD BCH FL 33442			33			
DEEL	RFIELD BOTH FE 33442		<u> </u>	B4 City		85 Zip	Code
					poration submits this statement for the purpo	FL   ° 2 P	
office or r agent. I a SIGNATUFE	registered agent, or both, in the State im familiar with, and all dept the obligat	of Florida. Such change was tons of, Section 607.0505, F	authorized Fibrida Statut USW	by the corporati	ion's board of directors. Thereby accept the	appointment as re	egistered -
12. /		() DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	ORS IN 12
TITLE	P/	☐ DELETE	1 1 TITL	E		☐ Change	Addition
NAME	BENNETT, JANE		1.2 NAM	Æ			
STREET ADORESS	ALEA MULIULI COCOCO DIMO HO	07	1.3 STR	EET ADDRESS			
CITY-ST-ZIP	DEEDELE D. DOU EL 20440		1.4 CITY-ST-ZIP				
TITLE	V	☐ DELETE 2.1		E		☐ Change	☐ Addition
NAME	SOLOMON, MICHAEL		2.2 NAM	¥E			}
STREET ADDRESS	REETADDRESS 2151 W HILLSBORO BLVD., #307		2.3 STR	EET ADORESS			
CITY-ST-ZIP	T-ZIP DEERFIELD BCH FL 33442		2. 4 CfT	Y-ST-ZIP			
TITLE	T\$ DELETE		3.1 TITL	E		Change	☐ Addition
NAME	JOYCE, SCOTT		3.2 NAM	1E			
STREET ADDRESS		307	3.3 STR	EET ADDRESS			Ì
CITY-ST-ZIP	DEERFIELD BCH FL 33442		34 CIT	Y-ST-ZIP			
TITLE		☐ DELETE 4		E		Change	☐ Addition
NAME			4. 2 NAJ	ME			
STREET ADDRE 3S			43 STR	EET ADDRESS			
CITY-ST-ZIP			4.4 CIT	(-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	i		Change	☐ Addition
NAME			5.2 NAM				
STREET ADDRE 3S				EET ADDRESS			
CITY-ST-ZIP				(-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	ĺ		☐ Change	☐ Addition
LABAT	1		62 NAN	12-			[

14. 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 a lightness that I am an other like empowered.

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRE 3S

CITY-ST-ZIP