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 # L39516

(4)

PROFESSIONAL BILLING SERVICES OF CLEARWATER, INC

Principal Prace of Business

Mailing Address

2695 SUNSET POINT ROAD CLEARWATER FL 34619 2695 SUNSET POINT ROAD CLEARWATER FL 34619-1500

FILED May 14 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 12/26/1989 3a. Date of Last Repo			eport
2. Principal Pla	ace of Business	2a, Mailing Address	-		4, FEI Number			plied For
21 /060		26 1060 KGP	4 1	rive	59-2984599			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		8.75 / Fee Re	dditional quired
City & State City & State				_	6. Election Campaign Financing		\$5.00	May Be
23 (2) (20	., mm;\	28 C/EQ/Wate	CIE		Trust Fund Contribution	<u> Ц</u>	Added t	
Zip Zip Zip Zip Zip Zip 24 34625-2111 30			Country	<i>'</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 2. Yes No. 1. Yes No. 1. Yes No. 1. Yes 1. Ye			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re-	glatered Age	nt	
	LINDA		81	Name				-
2695 SUNSET POINT ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 34619			83	ļ . i				
				0.4)ada
			84	City		FL	S Zip (Jude
office or re agent. I ar	o the provisions of Sections 607.0502 ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut	thorized b	v the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of chart the appoint	anging It Iment a s	s registered registered
SIGNATURE	Signature, Typed or printed name of registerod ager	nt and title if applicable. (NOTE: F	Registered Ag	ent signature req	uited when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	Р	☐ DELETE	1.1 TITLE	, I			Change	Addition
NAME	HARRIS, SUSAN		1.2 NAME	ŀ				
STREET ADDRESS	1840 ELMHURST DR		1.3 STREE	T ADDAESS				
CITY - ST - ZIP	CLEARWATER FL 34625		1.4 CITY-	ST-ZIP				
THILE	VST	☐ DELETE	2.1 TITLE				Change	Addition
NAME	REX, LINDA		2.2 NAME					
STREEL ADDRESS	1840 ELMHURST DR		2.3 STREE	T ADDRESS				
CITY - ST - ZIP	CLEARWATER FL 34625			ST-ZIP			- 	A 100
TITLE		☐ DELETE	3.1 TITLE			L	Change	Addition
NAME			3.2 NAME					
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TITLE		□ bereie	4.1 TITLE			سبا	Louisings	L_ Addition
NAME			4. 2 NAM					
STREET ADDRESS				T ADDRESS				
City - St - ZiP		☐ DELETE	4.4 CITY-	SF-ZIP			Change	Addition
TITLE			5.1 TITLE			_	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIF		DELETE	5.4 CITY -	ST-ZIP			Change	Addition
TITLE			6.1 TITLE			L) OHING	LJ POUIDION
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY+ST-ZIP			6.4 CITY-	ST-ZIP	ad la Capita 110 07/3V/). Florido Ctat do	14 4	edib, thet	

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 suppliemental 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.

SIGNATURE:

IONATURE AND TYPED OR PRINTED NAME OF RIGHRAND OFFICER OR DIRECTOR

5-1-97

813-461-206

Daytime Phone #