

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 PM 12:00

DOCUMENT # **L45007** (6)

1. Corporation Name
HEALTHCARE BUSINESS SOLUTIONS, INC.

Principal Place of Business Mailing Address
4506 L.B. MCLEOD RD., SUITE F **4506 L.B. MCLEOD RD., SUITE F**
P.O. BOX 53-6576 **P.O. BOX 53-6576**
ORLANDO FL 32853-3576 **ORLANDO FL 32853-3576**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/19/1990** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2986879** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
GRIGGS, STEPHEN, P
4506 L.B. MCLEOD RD., SUITE F
ORLANDO FL 32811

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when recording)

DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
SD WALKER, WILLIAM A. II 250 PARK AVE S 6TH FL WINTER PARK FL
PD KENNEDY, WILLIAM, P 4506 L.B. MCLEOD RD #F ORLANDO FL 32811
VD GRIGGS, STEPHEN, P 4506 L.B. MCLEOD RD #F ORLANDO FL 32811
T IRISH, REBECCA R 4506 LB MCLEOD RD, #F ORLANDO FL 32811
D WEAVER, JACK T. 3120 CORRINE DR ORLANDO FL 32803
D WILLIAMS, LEONARD P.O. BOX 6845 N/A ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME **DELETE**
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME **DELETE**
3.1 TITLE Change Addition
3.2 NAME **DELETE**
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
6.1 TITLE Change Addition
6.2 NAME **DELETE**
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), 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, as changed, or on an attachment with an address.

SIGNATURE: *Rebecca R. Irish*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REBECCA R. IRISH

2/6/95 (407) 841-2115
DATE