

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L81434**

(7)

1. Corporation Name

PROMED BILLING SERVICES, INC.



Principal Place of Business

Mailing Address

**21202 NE 18 PL
POST OFFICE BOX 171038
NORTH MIAMI BEACH FL 33017-1038
US**

**21202 NE 18TH PL
NORTH MIAMI BEACH FL 33017-1038
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 17101 N.E. 19 Ave		26 17101 N.E. 19 Ave		06/18/1990	07/08/1996
22 Suite, Apt. #, etc. 203		27 Suite, Apt. #, etc. 203		4. FEI Number	Applied For
				65-0203280	Not Applicable
23 City & State North Miami Bch, FL		28 City & State North Miami Bch, FL		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33162		29 Zip 33162		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country DADE		30 Country DADE		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DINA R. MOORE
18827 NW 82ND PLACE
MIAMI FL 33015**

81 Name	DINA R. Moore
82 Street Address (P.O. Box Number is Not Acceptable)	21202 N.E. 18 PL
83	DA
84 City	North Miami Bch FL
85 Zip Code	33179

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	President, Owner
NAME	MOORE, DINA	1.2 NAME	DINA R. Moore
STREET ADDRESS	18827 N.W. 82ND PLACE	1.3 STREET ADDRESS	21202 N.E. 18 PL
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE **DINA R. MOORE**

7-22-97 (3-7-94-7327)

CR2E034 (4/97)