

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 2:47

DOCUMENT # L89931 (4)

1. Corporation Name

ACCURATE MEDICAL ACCOUNTING, INC.

Principal Place of Business

**1 N DALE MABRY HWY
SUITE 960
TAMPA FL 33609**

Mailing Address

**1 N DALE MABRY HWY
SUITE 960
TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/12/1990

3a. Date of Last Report

05/31/1994

4. FEI Number

59-3027225

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

21

Suite, Apt. #, etc.

Suite #650

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite #650

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MARKS, MARCUS F.
1 N DALE MABRY HWY
SUITE 960
TAMPA FL 33609**

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 MARCUS F. MARKS

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

(NOTE: Registered Agent signature required when resigning)

1/31/95
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**PO
MARKS, MARCUS F.
1 N DALE MABRY HWY #960
TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☒ Change ☐ Addition

Suite #650

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition

TITLE
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CITY ST ZIP

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☐ Change ☐ Addition

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 110.07(3)(k), 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 it needs 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: MARCUS F. MARKS

(Signature and typed or printed name of signing officer or director)

1/31/95
Date

813-875-3161
Telephone Number