

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 25 AM 8:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000026529 (6)

1. Corporation Name

ATECH MEDICAL BILLING, INC.

Principal Place of Business

5100 SW 139 PL
MIAMI FL 33175

Mailing Address

5100 SW 139 PL
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1993

3a. Date of Last Report

11/18/1994

2. Principal Place of Business

21 8650 S.W. 149 Ave.

2a. Mailing Address

26 8650 S.W. 149 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 310

27 # 310

City & State

City & State

23 Miami, Fl.

28 Miami, Fl.

Zip

Country

Zip

Country

24 33193

25 USA

29 33193

30 USA

4. FEI Number

65-0428305

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. First-time Certificate of Incorporation

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GONZALEZ, EDUARDO
5100 SW 139 PL
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name

Manuel E. Lopez

82 Street Address (P.O. Box Number is Not Acceptable)

83 8650 S.W. 149 Ave # 310

84 City

Miami

FL

85 Zip Code

33193

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Eduardo Gonzalez

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	TS
NAME	GONZALEZ, EDUARDO
STREET ADDRESS	5100 SW 139 PL
CITY, ST, ZIP	MIAMI FL 33175
TITLE	P
NAME	GONZALEZ, ROSA E
STREET ADDRESS	5100 SW 139 PL
CITY, ST, ZIP	MIAMI FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL REGISTERED AGENTS, OFFICERS AND DIRECTORS

1.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Manuel Lopez	
1.3 STREET ADDRESS	8650 S.W. 149 Ave #310	
1.4 CITY, ST, ZIP	Miami, Fl. 33193	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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(3)(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 if changed, or on an attachment with an address.

SIGNATURE:

Manuel Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

6/21/95

305-388-3583
Tallahassee, FL

CR2E034 (3/95)