

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000028019

1. Corporation Name
ALL MED BILLING CORPORATION

Principal Place of Business

5590 W. 20 AVE. #201
HIALEAH, FL. 33016

Mailing Address

(SAME)

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
4-15-1993

3a. Date of Last Report

4. FEI Number
65-0405747

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

9. Name and Address of Current Registered Agent

MABEL DIAZ
3151 W. 78 PL.
HIALEAH, FL. 33016

10. Name and Address of New Registered Agent

81 Name

ABNER DIAZ

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

3151 W. 78 PL.

83

84 City

HIALEAH

FL

85 Zip Code
33016

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

Abner Diaz
Signature, typed or printed name of registered agent and title if applicable.

ABNER DIAZ

(NOTE: Registered Agent signature required when reinstating)

11-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME D
STREET ADDRESS MABEL DIAZ
CITY-ST-ZIP 3151 W 78 PL
HIALEAH, FL. 33016

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D
1.3 STREET ADDRESS ABNER DIAZ
1.4 CITY-ST-ZIP 3151 W 78 PL
HIALEAH, FL. 33016

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 100002021861-3
3.3 STREET ADDRESS -12/06/96--01014--006
3.4 CITY-ST-ZIP *****61.25 *****61.25

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Abner Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABNER DIAZ

11-20-96

Date

305-822-0224

Daytime Phone #

Amended Annual Report
APPROVED
AND
FILED

1996 DEC -3 PM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (3/96)