

THE ABOVE FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000042672 (4)

1. Corporation Name
PROFESSIONAL BILLING SOFTWARE, INC.

Principal Place of Business 4241 ORANGE RIVER LOOP RD. FT. MYERS FL 33905	Mailing Address 4241 ORANGE RIVER LOOP RD. FT. MYERS FL 33905
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2. Principal Place of Business 21 State, Apt. # etc. 22 City & State 23 Country 24	2a. Mailing Address 26 State, Apt. # etc. 27 City & State 28 Country 29
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**APPROVED
AND
FILED**

95 MAY - 1 AM 10:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1993	3a. Date of Last Report 07/06/1994
4. FFI Number 65-0417621	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

**BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY ST., SUITE 301
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	MOSS, DANIEL C	2. NAME	
STREET ADDRESS	4241 ORANGE RIVER LOOP RD.	3. STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL 33905	4. CITY, ST, ZIP	
TITLE	D	5. TITLE	☐ Change ☐ Addition
NAME	MOSS, DENISE K	6. NAME	
STREET ADDRESS	4241 ORANGE RIVER LOOP RD.	7. STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL 33905	8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. 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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: *Daniel C. Moss* **DANIEL C. MOSS** 4-30-95 913 693-7951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR