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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000047872 (5)

1. Corporation Name  
NPA MEDICAL BILLING SERVICE, INC.

Principal Place of Business

8001 N DALE MABRY  
SUITE 501 I  
TAMPA FL 33614  
US

Mailing Address

8001 N DALE MABRY  
SUITE 501 I  
TAMPA FL 33614-3265  
US

3. Date Incorporated or Qualified  
06/30/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-3190846

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 8019 N Himes Ave  
Suite, Apt. #, etc.

22 #201

City & State

23 TAMPA FL

Zip Country

24 33614 US

2a. Mailing Address

26 8019 N Himes Ave  
Suite, Apt. #, etc.

27 #201

City & State

28 TAMPA FL

Zip Country

29 33614 30 US

9. Name and Address of Current Registered Agent

SOSTACK, SCOTT V  
9004 BANA VILLA  
TAMPA FL 33635

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
SOSTACK, SCOTT  
STREET ADDRESS  
9004 BANA VILLA  
CITY - ST - ZIP  
TAMPA FL

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

12 NAME

13 STREET ADDRESS  
19506 HIAWATHA RD  
14 CITY - ST - ZIP  
ODESSA FL 33556

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS  
24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS  
34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS  
44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS  
54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS  
64 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

813 930 9265

Date Daytime Phone

CR2E034 (9/96)