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FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

8019 N. HIMES AVE
SUITE 201
TAMPA FL 33614
US

Mailing Address

8019 N. HIMES
SUITE 201
TAMPA FL 33614
US

2. Principal Place of Business

21 2901 W BUSCH BLVD
Suite, Apt. #, etc.

22 604

City & State

23 TAMPA FL 33618

Zip

Country

24 33618

25 USA

2a. Mailing Address

26 P.O. Box 272836
Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

Country

29 33618

30 USA

9. Name and Address of Current Registered Agent

SOSTACK, SCOTT V
8004 BANA VILLA
TAMPA FL 33635

3. Date Incorporated or Qualified

06/30/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

SCOTT V. SOSTACK

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

19506 HIAWATHA RD

83

84 City

ODESSA

FL

85 Zip Code

33556

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

SCOTT V. SOSTACK

PRESIDENT

4/3/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SOSTACK, SCOTT
STREET ADDRESS 19506 HIAWATHA RD
CITY-ST-ZIP ODESSA 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ZIP IS 33556

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 the attachment with an address.

SIGNATURE:

SCOTT V. SOSTACK

4/3/98

813 930 9265

CR2E034 (10/97)