FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053435 (2)**

1. Corporation Name

PROVIDERS' BILLING SERVICES, INC.

Principal Place of Business	Mailing Address
4800 N FEDERAL HWY #209 A BOCA RATON FL 33431	100 SOUTHEAST SECOND ST 38TH FLOOR, INTERNATIONAL PLACE MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 100 S.E. 2nd Street	3. Date Incorporated or Qualified 07/30/1993	3a. Date of Last Report 05/13/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 35th Floor	4. FEI Number 65-0426610	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami, Florida	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 33131 / Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERMAN WOLFE & RENNERT PA 100 SOUTHEAST SECOND STREET 38TH FLOOR INTERNATIONAL PLACE MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2nd Street 83 35th Floor 84 City Miami, Florida FL 85 Zip Code 33131

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P , D	11 TITLE	☐ Change ☐ Addition
NAME	FRANKEL, CRIS	12 NAME	
STREET ADDRESS	10571 SANTA LAGUNA DRIVE	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	ST , D	21 TITLE	☐ Change ☐ Addition
NAME	FRIEDKIN, SHAWN	22 NAME	
STREET ADDRESS	3100 NW 56TH STREET	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SWATT, MYRON	32 NAME	
STREET ADDRESS	1051 S ROGERS CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ERGAS, MARTIN	42 NAME	
STREET ADDRESS	2500 STEINER ST #10	43 STREET ADDRESS	
CITY ST ZIP	SAN FRANCISCO CA	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Cris Frankel 1/800/209-4136
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DIRECTOR — Daytime Phone #
Cris Frankel, President
Date 4/12/95

0127702 CP