## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

**STE 11** 

US

10780 WEST FLAGLER ST

MIAMI FL 33174-4403

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

10780 WEST FLAGLER ST

2. Principal Place of Business

**STE 11** 

US

MIAMI FL 33174



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300068695 (4)

EXPRESS MEDICAL BILLING, INC.

21		26					65-0442462		No.	ot Applicable
Suite, Apt	#, etc.	Suite, A	pt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	e	City & S	tate				& Election Communica Financias			
23		28					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Zφ	Country	Zip	T	Countr	'v	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for			
24	25	29	ļ.	30	′			Yes [		. 199.032,
<u></u>	9, Name and Address of Currer						10. Name and Address of New R			
ALVAREZ. CARLOS A						Name			<del></del>	
1002 CW ATTH AVE										
MIAMI FL 33144					82 Street Address (P.O. Box Number is Not Acceptable)					
10020				83	3			<del></del>		
<del>,</del> 					1					
				84	1	City		FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508	Florida Statute	s, the above	 ve-l	named corpo	ration submits this statement for the		changing if	ts registered
<ul> <li>office or n</li> </ul>	egistered agent, or both, in the State	of Florida Such	change was au	ithorized b	y t	he corporation	n's board of directors. I hereby acce	pt the appoint	ointment as	registered
_	m familiar with, and accept the oblig	auons or, section	607 0505, Flor	oa Statute	38					
SIGNATURE.	Equation typed or product relation from street age	eul and bile - annicable	(NOTE:	Beastered Ac	nere	signature required	when reinstating)	DATE	<del></del>	
12.	THE STATE OF THE RESIDENCE OF THE STATE OF T	D DIRECTORS	1,	13.			ADDITIONS/CHANGES TO OFFI		DIRECTOF	RS IN 12
ŤIŤ. F				1.1 TITLE	1.1 TITLE				Change	Addition
NAME	ALVAREZ, CARLOS A			1.2 NAME						
STREET ADDRESS	1003 S.W. 67TH AVE.			1 3 STREE	T A	DDRESS				
CITY - ST - ZIP	MIAMI FL 33144			1.4 CITY-						
TITLE			DELETE	2.1 TITLE					Change	Addition
NAME				22 NAME						
STREET ADDRESS				2.3 STREE	T A	DORESS				
CHTM+S1+ZHP				2 4 CITY-	- ST-	- ZIP				
TIT.E			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T A	DORESS				
CITY - ST- ZIP				3.4. CITY-	- ST	- ZIP				
TOLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME	£					
STREET ADDRESS				4 3 STREE	TA	DDRESS				
CITY+ST-70P				4.4 CITY-	ST-	ZIP				
TOTAE			DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T A	DDRESS				
CITY+ST-ZIP				5 4 CITY-	-51-	ZIP				
TiT.E		]	DELETE	6 1 TITLE					☐ Change	Addition
NAME				6.2 NAME						-
STREET ADDRESS				6.3 STREE	ET A	DORESS				
CITY - ST - ZIP				6.4 CITY-						
14. I do hereb	by certify that the information supplie	d with this filing o	loes not qualify	for the ex	em	ption stated i	n Section 119.07(3)(i), Florida Statut	es. I further	certify that	the
informatio Lam an o	in indicated on this annual report or s Hicer or director of the corporation of	supplemental ann Litherreceiver or t	ual report is tru rustee empowe	ie and acc red to exe	oura Cu'	ate and that n te this report a	ny signature shall have the same leg as required by Chapter 607, Florida	al effect as Statutes; ar	if made un nd that my r	der oath; that name

an attachment with an address.

FILED
Jan 27 1997 8:00am
Secretary of State



3a. Date of Last Report

1305-721-3343

01-20-97

Applied For

03/06/1996

3. Date Incorporated or Qualified

10/04/1993

4. FEI Number