PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300084528

1. Corporation Name

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90050 007 ***150.00

COMITIE	EHENSIVE BILLING SYSTEM	IS INC.							
Principal Place	e of Rusiness	Mailing Address)		OTTO BEAUTO BEAUT	6 11801 1011 1001
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4561 POST AVE. 4561 POST AVE. MIAMI BEACH FL 33140 MIAMI BEACH FL 33140					•			,	
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			1
						12/06/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4, FEI Number		_ A	pplied For
21	_	26				65-0454353		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional
22		27				7. 55,51525 57 51212 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	.		equired
City & State	е	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the curr	ent year inta		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent		nd N		10. Name and Address of New F	(egistered /	Agent	
DR/A	DENEIRA, ANA			81 N	lame				
		<u> </u>	82 S	treet Addre	ess (P.O. Box Number is Not Accepta	ible)			
	POST AVE								
MIAN	MI BEACH FL 33140			83					1
			ŀ	84 C	ity			85 Zip	Code
	_		<u> </u>		-		FL	بلل	
agent. 1 ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Florida Statuti of Florida. Such change was a ions of, Section 607.0505, Flor ions of, Section 607.0505, Flor	es, the ab uthorized rida Statu	ove-na by the tes.	corporation	ration submits this statement for the n's board of directors. I hereby accep	t the appoir	itment as re	egistered
									į
SIGNATURE	Signature, typed or printed name of registered agant	t and title if applicable. (NOTE	: Registered /	Agent sig	nature required	wheп reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent		Registered /	Agent sig		ADDITIONS/CHANGES TO OF			
			<u> </u>		V/4	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT(ORS IN 12
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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 supplier that I am an officer or director of the corporation or the occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence 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 occurrence and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the occurrence and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the occurrence and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the occurrence and that my signature

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-99 30-538-1029

CB2E034 (11/08)