

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CAROL B. NAUGHTON
Secretary of State
DIVISION OF CORPORATE AFFAIRS

APPROVED
AND
FILED

DOCUMENT # **P94000005637 (1)**

For Corporate Filing

TOTAL MEDICAL BILLING, INC.

RECEIVED MAY 18 1995

STATE
OF FLORIDA

Principal Office Address: 18225 N.W. 12TH STREET
PEMBROKE PINES FL 33029
Mailing Address: 18225 N.W. 12TH STREET
PEMBROKE PINES FL 33029

For Agent, Director, Inc. or LLC

3. Date Incorporated or Reincorporated: 01/12/1984

3b. Date of Last Report

01/12/1984

4. FIC Number: 65-0471582

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 a franchise fee under the Florida
Franchise Sales Act, Chapter 781, Florida Statutes.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDREU, FRANCISCO R
18225 N.W. 12TH STREET
PEMBROKE PINES FL 33029

81. Name

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

83.

84. City

FL

85. State

11. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 119.01(1)(b), Florida Statutes. Further, I 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. If the corporation is a foreign corporation, the person or persons responsible for completing this report are required to sign this report as required by the Florida Statutes, and that my signature shall have the same legal effect as if made under oath.

12. OFFICERS AND DIRECTORS

13. ADDITIONAL DATA AS TO OFFICERS AND DIRECTORS

D
ANDREU, FRANCISCO R
18225 N.W. 12TH STREET
PEMBROKE PINES FL 33029

D
ANDREU, SARAH A
18225 N.W. 12TH STREET
PEMBROKE PINES FL 33029

1. NAME
2. STREET ADDRESS
3. CITY
4. STATE
5. ZIP
6. FIC NUMBER
7. FIC TYPE
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-12-95 305-436-3435