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

8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005637 (1)**

1. Corporate Name

TOTAL MEDICAL BILLING, INC.

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

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

4. FEI Number: 65-0471582 — Applied For / Not Applicable

2. Principal Office (21–25) — 2a. Mailing Address (26–30): Suite, Apt. # etc.; City & State; Zip; Country

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 not filed ... Florida Statutes

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — FL — 85 Zip Code

11. ... 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 ... Florida Statutes.

12. OFFICERS AND DIRECTORS

Title	Name / Address
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section ... 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 ... Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5-12-95 305-436-3435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0110229 CP