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 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005762 (7)**

1. Corporation Name

BILLMED, INC.

Principal Place of Business	Mailing Address
2150 CORAL WAY SUITE 7B MIAMI FL 33145	2150 CORAL WAY SUITE 7B MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:

2. Principal Place of Business: [21] 9031 S.W. 66th Terr	2a. Mailing Address: [26] 9031 S.W. 66th TERR
Suite, Apt #, etc [22]	Suite, Apt #, etc [27]
City & State [23] MIAMI, FL	City & State [28] MIAMI, FL
Zip [24] 33173 Country [25]	Zip [29] 33173 Country [30]

4. FEI Number: 65-0458568 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AGUDO, RICARDO
2150 CORAL WAY
SUITE 7B
MIAMI FL 33145

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 9031 S.W. 66th TERR
83	
84	City MIAMI FL 85 Zip Code 33173

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 X [signature] X 4/11/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUDO, RICARDO
STREET ADDRESS	2150 CORAL WAY SUITE 7B
CITY ST ZIP	MIAMI FL 33145
TITLE	~~D~~
NAME	~~ODOARDO, DENIO~~
STREET ADDRESS	~~2150 CORAL WAY SUITE 7B~~
CITY ST ZIP	~~MIAMI FL 33145~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is volu [redacted] ually for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or suppl [redacted] 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 receive [redacted] to execute the 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 wit [redacted]

SIGNATURE: X [signature] X 4/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0157961 CP