Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90110 041 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005762

1. Corporation Name

BILLMED, INC.

Principal Place of Business

9370 SUNSET DR A215 MIAMI FL 33173 US		9970 SUNSET DR A2165 MIAMI FL 33173 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/25/1994					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	, , , , , , , , , , , , , , , , , , , 			App	ied For
21		26			* *	<u>65-04585</u>	68			<u></u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			[5. Certifcate of	f Status Desired			75 Ad e Req	lditional uired
City & State	9	City & State	7.	_		6. Election Car Trust Fund	mpaign Financing Contribution	' []		00 M ded to	lay Be Fees
Zip	Country 25	Zip 30	Country	/		8. This corpora Personal Pr	ation owes the cu	rrent year Inta	angible Yes	[□No
<u></u> 1	9. Name and Address of Curren	t Registered Agent				10. Name and	Address of New	Registered /	Agent		
-			81	Ī	lame		-				
	do, ricardo Sw 66th terr		82 Stre			et Address (P.O. Box Number is Not Acceptable)					
MIAN	M FL 33145		83	1		 -					
	•		84	ć	City			FI.	85	Žip Co	ode
office or ragent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the	amed corpora corporation	ation submits this is board of direct	statement for the ors. I hereby acce	e purpose of o	changing utment a	g its regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ager	nt sig	nature required w	hen reinstating)		DATE	<u> </u>		
12.	OFFICERS AN		13			ADDITIONS/	CHANGES TO O	FFICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE						☐ Char	nge	☐ Addition
NAME (AGUDO, RICARDO		1.2 NAME								į
STREET ADDRESS	2150 CORAL WAY SUITE 7B		1.3 STREET	TAD	DRESS	•					ı
CITY-ST-ZIP_	MIAMI FL 33145		1.4 CfTY-S	T-ZIF	p						<u></u>
TITLE		☐ DELETE	2.1 TITLE						Chai	nge	☐ Addition
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET	TADO	DRESS)
CITY-ST-ZIP			2. 4 CITY-S	ST-ZI	IP				Char		☐ Addition
TITLE		☐ DELETE	3.1 TITLE		Ì					nge	☐ vaginon
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET		ł						
CITY-ST-ZIP		DELETE	3.4. CITY- S 4.1 TITLE	ST-ZII	P				Char	nge	☐ Addition
TITLE		ר"ו מברניב	4.1 MAME								
NAME STREET ADDRESS			4.3 STREE		ndess						
			4.4 CITY-5		1						
CITY-ST-ZIP		DELETE	5.1 TITLE	, <u> i</u> F	' - -				☐ Cha	nge	Addition :
NAME		_	5.2 NAME	•							
STREET ADDRESS			5.3 STREET	TADE	DRESS		•			2	į
CITY-ST-ZIP			5.4 CITY-S	T-ZIF	P						
TITLE		☐ DELETE	6.1 TITLE					, met	Cha	nge	☐ Addition
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET	TADO	DRESS						

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 of 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 officerior of t