~~SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.~~
~~AMOUNT DUE ON OR BEFORE 8/10/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)~~

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P9400009097

1. Corporation Name
JHEG PHYSICIAN'S BILLING CORP.
2107 SW 27 AVE
MIAMI, FL.33145

Principal Place of Business

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: FEB.4,1994
3a. Date of Last Report:

4. FEI Number: 65-0465083 — 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

If above address is incorrect in any way, list the correct information and other correction below.

2. Mailing Address
21 1893 NW 7ST. #4
22
23 MIAMI FL
24 33125 — 25 Country

2a. Principal Place of Business
26 2107 SW 27 AVE.
27
28 MIAMI, FL.
29 33145 — 30 Country

9. Name and Address of Current Registered Agent
AIDE VALLADARES
3440 SW 87 PL
MIAMI,FL.33165

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. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] — 4/29/96
(NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS
president
Aide Valladares
3440 SW 87 PL
Miami,~~FL.~~33165

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP

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5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President — 4/29/96 — (305) 860-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #