FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24 1996 8:00 am
Secretary of State

DOCUMENT # **P94000011426 (1)**

1. Corporation Name
GABLES BILLING, INC.

Principal Place of Business
4649 PONCE DE LEON BLVD
#300
CORAL GABLES FL 33146
US

Mailing Address
2121 PONCE DE LEON BLVD.
SUITE 630
CORAL GABLES FL 33134-5222

3. Date Incorporated or Qualified: **02/01/1994**
3a. Date of Last Report: **07/10/1995**

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

4. FEI Number: **65-0469841** ☐ 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**
BOUNDS, BRUCE M
2121 PONCE DE LEON BVLD.
SUITE 630
CORAL GABLES FL 33134-5222

10. **Name and Address of New Registered Agent**
81 Name: Isela SOTOLONGO
82 Street Address (P.O. Box Number is Not Acceptable): 4649 Ponce de Leon Blvd
83 Suite 300
84 City: Coral Gables FL 85 Zip Code: 33146

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: Isela Sotolongo
Signature, typed or printed name of registered agent and the date date (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD L.	1.2 NAME	
STREET ADDRESS	4649 PONCE DE LEON BLVD., STE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SOTOLONGO, ISELA	2.2 NAME	
STREET ADDRESS	4649 PONCE DE LEON BLVD., STE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	2.4 CITY-ST-ZIP	
TITLE	CSD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MANAGASARIAN, ROBERT A	3.2 NAME	
STREET ADDRESS	4649 PONCE DE LEON BLVD., STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE ANTONIO	4.2 NAME	
STREET ADDRESS	4649 PONCE DE LEON BLVD., STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	4.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SINGER, ROBERT A	5.2 NAME	
STREET ADDRESS	4649 PONCE DE LEON BLVD., STE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Isela Sotolongo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)