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	Mailing Address
4649 PONCE DE LEON BLVD #300 CORAL GABLES FL 33146 US	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
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	

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

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 of this change) (NOTE: Registered Agent signature required when not listed) 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		

CR2E034 (12/95)

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 #