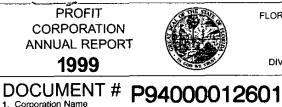
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PŘOFIT CORPORATION ANNUAL REPORT

1999

E.C. MEDICAL BILLING, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90104 019 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place	of Business	Mailing Address		i iffilitie iste iffsti diest detti detti gente	Beids tidin ithia arric anter sinci ner	
2333 BRICKELL	AVE	2333 BRICKEL AVE				
D-1		D-1		DO NOT WRITE IN THIS SPACE		
MAIMI FL 33129 MIAMI FL 33129 US US				3. Date Incorporated or Qualifed		
00		-		02/15/1994		
2. Principal Pl	ace of Business	2a. Mailing Address	h /c ~~	4. FEI Number	Applied For	
21 1/	74 SW 4 1 1951	26 PO EDX 14	14070	65-0470686	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State Co.(4) GA			Th	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 Zip Country Zip 2953/14 - 407			untry S	This corporation owes the current yearsonal Property Tax.	ar Intangible	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regist	ered Agent	
			81 Name			
	AI CORPORATE SYSTEMS INC		82 Street Add	lress (P.O. Box Number is Not Acceptable)		
	BLUE LAGOON DR.					
	E 700		83			
MIAN	M FL 33126		84 City	,	85 Zip Code	
				the state of the surround	as of shanging its registered	
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	-					
	Signature, typed or printed name of registered agen	_	ed Agent signature requir			
12.	OFFICERS AN		TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition	
TITLE	PRES	_	NAME			
NAME	MURCIANO, CRISTINA 361 LOS PINOS PL		STREET ADDRESS		8	
STREET ADDRESS	CORAL GABLES FL		CITY-ST-ZIP		(5	
CITY-ST-ZIP TITLE	CORAL GABLES FL		TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		2.4	CITY-ST-ZIP			
TITLE		☐ DELETE 3.1	TITLE		☐ Change ☐ Addition	
NAME		3.2	NAME			
STREET ADDRESS		3.3	STREET ADDRESS			
CITY-ST-ZIP		3.4	. CITY-ST-ZIP			
TITLE		DELETE 4.1	TITLE	-	☐ Change ☐ Addition	
NAME		4.2	2 NAME		1	
STREET ADDRESS		4.3	STREET ADDRESS		•	
CITY-ST-ZIP			CITY-ST-Z/P		☐ Change ☐ Addition	
TITLE			TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		۵,	TITLE		☐ Change ☐ Addition	
NAME			NAME			
OTDEET ANDDESS	l	6.3	STREET ADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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, with all other like empowered.

SIGNATURE: