

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

FILED  
Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000024610 (5)**  
 1. Corporation Name  
**DOCTORS' ELECTRONIC BILLING SERVICE, INC.**



Principal Place of Business <b>15544 S.W. 111 TERRACE MIAMI FL 33196</b>	Mailing Address <b>18361 SW 82 AVE MIAMI FL 33157-8191 US</b>
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2. Principal Place of Business 21 <b>18361 SW 82 Ave</b> State, Apt. #, etc. 22 City & State 23 <b>Miami FL</b> Zip 24 <b>33157</b> Country 25 <b>USA</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>03/28/1994</b>	3a. Date of Last Report <b>04/26/1996</b>
		4. FEI Number <b>65-0490158</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DONNINI, ELIZABETH D 15544 S.W. 111 TERRACE MIAMI FL 33196</b>		10. Name and Address of New Registered Agent 81 Name <b>Campi, Carol</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>18361 SW 82 Ave</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33157</b>	
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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: *Carol Campi* DATE: **4/21/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPI, CAROL</b>	1.2 NAME	
STREET ADDRESS	<b>18361 SW 82 AVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNINI, ELIZABETH D</b>	2.2 NAME	<b>Campi, Carol</b>
STREET ADDRESS	<b>15544 S.W. 111 TERRACE</b>	2.3 STREET ADDRESS	<b>18361 SW 82 Ave</b>
CITY - ST - ZIP	<b>MIAMI FL 33196</b>	2.4 CITY - ST - ZIP	<b>Miami FL 33157</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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: *Carol Campi* **Carol Campi** **Preo** **4/21/97** **305-252-3911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)