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FILED

Jan 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000026625 (1)

1. Corporation Name:

ACCURATE MED BILLING, INC.

Principal Place of Business:

11234 NW 6TH TERRACE
MIAMI FL 33172
US

Mailing Address:

11234 NW 6TH TERRACE
MIAMI FL 33172-3552
US

3. Date Incorporated or Qualified

04/07/1994

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State:

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State:

28

Zip

Country

29

30

4. FEI Number

65-0479698

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARNIELLA, CARMEN R
11234 N.W. 6TH TERRACE
MIAMI FL 33172

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, 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 of registered agent or registered agent and officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME ARNIELLA, CARMEN R
STREET ADDRESS 11234 N.W. 6TH TERRACE
CITY - ST - ZIP MIAMI FL 33172TITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

CARMEN ROSA ARNIELLA
Carmen Rosa Arniella

01-12-97

Date

805 5597829

Daytime Phone #

0233822

CR2E034 (9/96)