SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 13 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001540518
-07/18/95--01102--007
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000037638 (1)**

1. Corporation Name
SUNCOAST MEDICAL BILLING SERVICE, INC.

Principal Place of Business	Mailing Address
300 E. MADISON ST. SUITE 201 TAMPA FL 33602	300 E. MADISON ST. SUITE 201 TAMPA FL 33602

3. Date Incorporated or Qualified: 05/18/1994
3a. Date of Last Report:

2. Principal Place of Business
21 6105 Memorial Hwy
Suite, Apt. #, etc.
22 Suite M
City & State
23 TAMPA, FLORIDA
Zip 24 33615 Country 25 Hills.

2a. Mailing Address
26 P.O. Box 24865
Suite, Apt. #, etc.
27
City & State
28 TAMPA, FLORIDA
Zip 29 33623 Country 30 Hills.

4. FEI Number: 59-3244222 ☐ 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

WILLETT, THOMAS K
300 E. MADISON ST.
SUITE 201
TAMPA FL 33602

10. Name and Address of New Registered Agent

61 Name: Alan T. RUDOLPH, M.D.
62 Street Address (P.O. Box Number is Not Acceptable): 6105 MEMORIAL HWY
63 SUITE M
64 City: TAMPA FL 65 Zip Code: 33615

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: Alan T. Rudolph MD DATE: 6/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLETT, THOMAS K	1.2 NAME	
STREET ADDRESS	300 E. MADISON ST., STE. 201	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☒ Change ☐ Addition
NAME	RUDOLPH, ALAN T	2.2 NAME	
STREET ADDRESS	300 E. MADISON ST., STE. 201	2.3 STREET ADDRESS	6105 MEMORIAL HWY, SUITE M
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	TAMPA, FL 33615
TITLE	DV	3.1 TITLE	☒ Change ☐ Addition
NAME	TOSCANO, RAMON	3.2 NAME	
STREET ADDRESS	300 E. MADISON ST., STE. 201	3.3 STREET ADDRESS	6105 MEMORIAL HWY
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	SUITE M TAMPA, FL 33615
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Alan T. Rudolph MD 6/26/95 (813) 885-6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097973 CP