

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037718 (1)

1. Corporation Name

PHYSICIANS BILLING CENTER OF SARASOTA, INC.



Principal Place of Business

2710 ELOISE ST
SARASOTA FL 34231

Mailing Address

2710 ELOISE ST
SARASOTA FL 34231

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 2831 RINGLING BLVD

26 2831 RINGLING BLVD

4. FLE Number

65-0492729

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 219 F

27 SUITE 219-F

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34237

25 SARASOTA

29 34237

30 SARASOTA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE RD
SARASOTA FL 34239

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 typed or printed name of current registered agent

Signature typed or printed name of new registered agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOWREY, SUSAN S
2710 ELOISE ST
SARASOTA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DEGIROLAMO, DOREEN J
4052 CENTER POINTE PL
SARASOTA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

941-957-4353

CR2E034 (12/95)