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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000037718 (1)

1. Corporation Name

PHYSICIANS BILLING CENTER OF SARASOTA, INC.



Principal Place of Business

2831 RINGLING BLVD
SUITE 219F
SARASOTA FL 34237
US

Mailing Address

2831 RINGLING BLVD
SUITE 219F
SARASOTA FL 34237-5354
US

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 1960 STICKNEY POINT ROAD

Suite, Apt. #, etc.

22 SUITE 202

City & State

23 SARASOTA, FL

Zip

24 34231

Country

25 USA

2a. Mailing Address

26 1960 STICKNEY POINT ROAD

Suite, Apt. #, etc.

27 SUITE 202

City & State

28 SARASOTA, FL

Zip

29 34231

Country

30 USA

4. FEI Number

65-0492729

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

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

10. Name and Address of New Registered Agent

81 Name

RICHARD S. WAID

82 Street Address (P.O. Box Number is Not Acceptable)

1800 SECOND STREET

83

SUITE 808-27 EAST

84 City

SARASOTA

FL

85 Zip Code
34238

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]

RICHARD S. WAID

2/3/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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:

SUSAN S. LOWREY

[Signature]

2/3/97

941 925 9923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)