

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



CLERK OF THE DEPARTMENT OF STATE
Sandra M. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000039710 (6)**

SOUTH FLORIDA MEDICAL BILLING SERVICES, INC.



1. Name of Corporation

2. Mailing Address

1330 CORAL WAY
MIAMI FL 33145

1330 CORAL WAY
302
MIAMI FL 33145
US

3. Date of Report

4. Filing Address

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9. Name and Address of Current Registered Agent

VIDAL, MAYRA
1330 CORAL WAY
MIAMI FL 33145

81 Name

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

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84 City

FL 85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the purpose of changing its registered office in the State of Florida. I am duly qualified to act as a registered agent for the purpose of changing its registered office in the State of Florida. I am duly qualified to act as a registered agent for the purpose of changing its registered office in the State of Florida.

12. Officers and Directors

OFFICERS AND DIRECTORS

PS
VIDAL, MAYRA
1515 URBINO AVE
CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and I am duly qualified to act as a registered agent for the purpose of changing its registered office in the State of Florida. I am duly qualified to act as a registered agent for the purpose of changing its registered office in the State of Florida. I am duly qualified to act as a registered agent for the purpose of changing its registered office in the State of Florida.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAYRA VIDAL

1/20/96

305-856-5700

CR2E034 (12/95)