FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:14

DOCUMENT # **P94000042427 (2)**

1. Corporation Name
A+ MEDICAL BILLING, INC.

Principal Place of Business	Mailing Address
~~115 CALABRIA AVE.~~ ~~APT. 1~~ ~~CORAL GABLES FL 33134~~	~~115 CALABRIA AVE.~~ ~~APT. 1~~ ~~CORAL GABLES FL 33134~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6595 NW 36 St.	26 6595 NW 36 St
Suite, Apt. #, etc. 22 Suite ~~B~~ 216	Suite, Apt. #, etc. 27 Suite ~~B~~ 216
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33166	Zip 29 33166
County 25 DADE	County 30 DADE

4. FEI Number: 65-0500594 — ☐ 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

BALMASEDA, EDUARDO
~~115 CALABRIA AVE.~~
~~APT. 1~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6595 NW 36 St.
83: Suite ~~B~~ 216
84 City: MIAMI FL 85 Zip Code: 33166

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 _____ DATE
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	D	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	BALMASEDA, EDUARDO	12 NAME		
STREET ADDRESS	~~115 CALABRIA AVE., APT. 1~~	13 STREET ADDRESS	6595 NW 36 St. Suite ~~B~~ 216	
CITY ST ZIP	~~CORAL GABLES FL 33134~~	14 CITY ST ZIP	MIAMI FL 33166	
TITLE	ELAINE B LATRISTE	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS	6595 NW 36 St Suite 216	
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 (A) address.

SIGNATURE: Eduardo R Balmaseda 6/7/95 871-0948
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130003 CP