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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	JMENT # <b>P94</b> 0 T MEDICAL BILLING, INC	000044890 (9 :.	9)			I MANUALI NA MANUANIN ARIN ARIN ARIN	<b>88</b> 141 <b>84</b> 111		
Emodpat Place of Business Mailing Address									
2441 N.W. 93RD AVENUE SUITE 109 MIAMI FL 33172		2441 N.W. 83RD AVENUE Suite 109 Miami Fl 33172							
US	W112	US		3. Date Incorporated or Qualified 06/10/1994	1	ite of Last F 05/01/19	•		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	<del></del>		Applied For
27		<b>4-</b>	Suite, Apt. #. etc.		65-0502416		Not Appl		
		<u>├</u>			5. Certificate of Status Desired			5 Additional Required	
		City & State	& State			Election Campaign Financing     Trust Fund Contribution	S5.00 May I Added to Fee		
- Ζιρ 1	Country	Zipi	Cou	intry		8. This corporation has liability for i		tax under s	199.032,
	25   9. Name and Address of C	29	30]	r		Florida Statutes Yes		4 4 4 4 4 4	
	5. Humboully Address U.C.	aueur Johnsteise Whall		B1	Name	10. Name and Address of New R	-gistere	Agent	<del></del>
ADDUM EDICKY						(D.O. D			
YDROVO, ERICKA 2441 N.W. 93RD AVENUE				62	Street Add	ress (P.O. Box Number is Not Acceptab	ie)		
SUITE				83	l — —				
	I FL 33172			04	F)4		· · · · · · · -	11 ***	
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BIGNATURE	Separture types Comported mane of properties	ww				ration submits this statement for the pur ird of directors. I hereby accept the appx of when renstaining!  ADDITIONS/CHANGES TO OFFI	DATE	196.	AN
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14. I do hereby certify that the information supplied with this filling 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 19 if changed, or or an attachment with an address. SIGNATURE (MCLE HAMM)
SIGNATURE AND TYPED OR PRINTED NAME OF

63 STREET ADDRESS 6.4 CHTY-ST-ZIP

STREET ADDRESS