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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000052519

1. Corporation Name
MEDBILLING AND COLLECTION, INC.

Principal Place of Business

Mailing Address

6850 CORAL WAY
SUITE 409
MIAMI FL 33155

P.O. BOX 440919
MIAMI FL 33144
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1994	
21	7211 SW 39th Ave	26		4. FEI Number 65-0504783	Applied For Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Miami FL	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33155	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DE ZAYAS, ILEANA 5275 S.W. 77TH CT. #H-212 MIAMI FL 33155				10. Name and Address of New Registered Agent	
				81	Name DE ZAYAS Ileana
				82	Street Address (P.O. Box Number is Not Acceptable) 9155 SW 75 ST
				83	
				84	City Miami
				85	Zip Code FL 33173

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	
NAME	DE ZAYAS, ILEANA	1.2 NAME	
STREET ADDRESS	9155 SW 75 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	LEZCANO, ANA	2.2 NAME	
STREET ADDRESS	7320 SW 39TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE:

Ileana de Zayas (President) 1/11/99 (305) 264-4051