

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 22 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 # P94000057396 (1)

1. Corporation Name
MEDICAL ADVANCE BILLING CORP.



Principal Place of Business
145 MADREIA AVE
SUITE 314A
CORAL GABLES FL 33134
US

Mailing Address
3500 SW 89TH CT
MIAMI FL 33165-4351
US

3. Date Incorporated or Qualified 08/03/1994
3a. Date of Last Report 01/19/1996

2. Principal Place of Business
21 5455 SW 8 ST
Suite, Apt. #, etc. 225

2a. Mailing Address
26 5455 S.W. 8 ST
Suite, Apt. #, etc. 225

4. FEI Number 65-0509212
Applied For Not Applicable

22 City & State Miami FL
23 Zip 33134 Country US

27 City & State Miami FL
28 Zip 33134 Country US

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
ABREU, TERESITA
~~3500 SW 89TH CT~~
~~MIAMI FL 33165~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6535 S.W. 48 ST
83
84 City MIAMI FL 85 Zip Code 33155

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes 'OFFICERS AND DIRECTORS' section with a 'DELETE' checkbox for each entry.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12' section with 'Change' and 'Addition' checkboxes.

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: _____ 01/11/97 305-4478780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)