

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Seal of the State
Tallahassee, Florida
32399-0001

APPROVED
AND
FILED

DOCUMENT # **P94000084658 (1)**

MAY 11 11 08:15

SCOOBY CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14160 SW 40TH TERRACE
MIAMI FL 33175

14160 SW 40TH TERRACE
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date first incorporated or qualified 11/17/1994	38. Date of last merger
4. Filing Fee 65-0535634	Applied Fee Total Applied Fee
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Section 198.03, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. State of Incorporation	26. State App. # (if)
22. City & State	27. City & State
24. Country	25. Zip
29. City	30. State

9. Name and Address of Current Registered Agent

**HERNANDEZ, ANNETTE M
14160 SW 40TH TERRACE
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0501 and 607.1501, 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 of registered agent. (Form similar with and under the caption of Section 607.0505, Florida Statutes.)

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	HERNANDEZ, ANNETTE M
3. STREET ADDRESS	14160 SW 40TH TERRACE
4. CITY & STATE	MIAMI FL 33175
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS (If)

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY & STATE	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption applied in Sections 190.01, 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 this corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in a subsequent filing with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

REGISTRATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000084689 (6)**

NOV 17 1995 9:15

LLOYD B. ZELIP, INC.

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **11402 NW 45TH ST. CORAL SPRINGS FL 33065**
Mailing Address: **11402 NW 45TH ST. CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date of Registration (or Renewal)		3a. Date of Last Report	
21		26		11/17/1994			
22. Suite, Apt. # etc.		27. Suite, Apt. # etc.		4. FEI Number		Applied For	
23. City & State		28. City & State		65-0539640		Not Applicable	
24. Title		25. Quantity		29. Title		30. Quantity	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financial Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
7. This corporation has authority for independent use under § 190.031, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZELIP, LLOYD B 11402 NW 45TH ST. CORAL SPRINGS FL 33065				B1 Name			
				B2 Street Address (P.O. Box Number, Not Applicable)			
				B3			
				B4 City			
				FL 65 Zip Code			

11. Pursuant to the provisions of Sections 607.09(3) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and 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 hereby held to accept the obligations of Section 607.09(3), Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME	12.2 STREET ADDRESS	13.1 NAME	13.2 STREET ADDRESS
		D Zelip Lloyd	11402 NW 45 ST CORAL SPRINGS, FL 33065
12.3 CITY & STATE	12.4 CITY & STATE	13.3 NAME	13.4 STREET ADDRESS
12.5 TITLE	12.6 TITLE	13.5 NAME	13.6 STREET ADDRESS
12.7 NAME	12.8 STREET ADDRESS	13.7 NAME	13.8 STREET ADDRESS
12.9 CITY & STATE	12.10 CITY & STATE	13.9 NAME	13.10 STREET ADDRESS
12.11 TITLE	12.12 TITLE	13.11 NAME	13.12 STREET ADDRESS
12.13 NAME	12.14 STREET ADDRESS	13.13 NAME	13.14 STREET ADDRESS
12.15 CITY & STATE	12.16 CITY & STATE	13.15 NAME	13.16 STREET ADDRESS

14. I hereby certify that the information supplied with this filing is voluntarily furnished and checked equally for the corporation's filing as required by Section 119.02(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 attached to or in attachment with an address.

SIGNATURE: *Lloyd Zelip* **Lloyd Zelip** 5/11/95 (305) 346-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000084972 (6)**

JEMS ELECTRONIC MEDICAL BILLING INCORPORATED

5/18/95 11:00:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office of Corporation: **6340 CHANTRY STREET ORLANDO FL 32825-1387**
 2a. Mailing Address: **6340 CHANTRY STREET ORLANDO FL 32825-1387**

3. Date Incorporated or Qualified: **11/18/1994**
 3a. Date of Last Report: _____

21. Principal Office of Corporation: _____
 22. State: _____
 23. City & State: _____
 24. _____
 25. _____
 26. Mailing Address: _____
 27. State: _____
 28. City & State: _____
 29. _____
 30. _____

4. FEI Number: **51-3279548**
 Applied For: 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. 197.012, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**REESE, JAMES D
 6340 CHANTRY STREET
 ORLANDO FL 32825-1387**

10. Name and Address of New Registered Agent
 81. Name: _____
 82. Street Address (P.O. Box Number, Not Acceptable): _____
 83. _____
 84. City: _____
 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.05(3), and 607.1504, 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 language of the law 607.1505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	James Reese
STREET ADDRESS	6340 Chantry St
CITY, ST, ZIP	Orlando FL 32825
TITLE	Off. Vice Anderson
NAME	Off. Vice Anderson
STREET ADDRESS	6340 Chantry St
CITY, ST, ZIP	Orlando FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SAME
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. NAME	Off. Vice Anderson
6. STREET ADDRESS	
7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME	
10. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. CITY, ST, ZIP	
12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. CITY, ST, ZIP	
16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	
18. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(1)(b), Florida Statutes. I further certify that the information included 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 on the public and that I am an officer or director of the corporation or the treasurer or trustee empowered by resolution of the board of directors to sign this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *James D. Reese*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE

5/8/95 407-244-3400
 DATE TIME AND TELEPHONE NUMBER OF SIGNING OFFICER OR EMPLOYEE