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

DOCUMENT #

1. Corporation Name

P94000084972 (6)

JEMS ELECTRONIC MEDICAL BILLING INCORPORATED									
rincipa! Place of I	Business	Maling Address	S			A PROFFERENCE MAINT BEFORE MOTERN OF	ui uu isa duit i lu	(4) # F B (B JB (F)	***************************************
6340 CHANTRY	Y STREET	6340 CHAN	TRY STREET			}			
ORLANDO FL	32825-1387		FL 32825-138				ac In-	of Last Rep	
						3. Date Incorporated or Qualified		5/16/19	
						11/18/1994 4. FEI Number	<u></u>		oplied For
, Principal Place	of Business	2a. Mailing Add	uress			59-3279548		L	ot Applicable
Cuito Act # c	NA/-	26 Suite, Apt.	#, etc.			5. Certificate of Status Desired			Additional
_ Suite, Apt. #, €]	org.	27							equired
City & State	And design the second black to the matter of the second se	City & State	0			6. Election Campaign Financing			May Be to Fees
		28	1	Counte		Trust Fund Contribution 8. This corporation has liability for			
Zip	Country	Zip	<u> </u> ;	Country 30		Florida Statutes	s No		
<u> </u>	9. Name and Address of Curre	29] int Registered Agen	and the second s			10. Name and Address of New	Registered A	Agent	
	a. Hattie and Madridge of Conto			81	Name				
REESE, J	IANES D			82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
	ANTRY STREET			63		ggs - quantum dala 1 de - quanto de la desta de la			
	O FL 32825-1387						,,		
	=			84	City		FL	85 Zip	Code
SIGNATURE SI	grabine types or probed have of registeres ear				nt signature require	ation submits this statement for the p rd of directors. I hereby accept the ap dwen recesting: ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
12.	D		DELETE	1 1 TITLE			ī	Change	Additio
NAME	reese, James			1.2 NAME					
STREET ADDRESS	6340 CHANTY ST				T ADDRESS				
CITY-ST-ZIP	ORLANDO FL		DELETE	1.4 CHY- 2 1 TiTLE	ST - 21F		1	Change	Additio
TITLE	D	□ '	DELLIE	2 2 NAME					
NAME CARCET ADODESS	ANDERSON, ELAINE 6340 CHANTRY ST				1 ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL			24 GiTY -	S1 - ZIP			F1 Chicae	☐ Additio
TITLE			DELFTE	3 1 THTLE				Change	[_] Monuco
NAME				3 2 NAME	i				
STREET ADDRESS					ET ADDRESS				
CITY - S1 - ZIP			DELETE	3 4 CITY -				[] Change	☐ Additi
TITLE		السا		4 2 NAME	\				
PMAN STORES					ET ADDRESS				
STREET ADDRESS CITY-S1-7IP				4.4 CITY	ST-ZiP			Chanca	[] Additi
TITLE		[]	DECETE	5 1100				Change	Additi
NAME:				52 NAM					
STREET ADDRESS					ET ADDRESS				
CITY - ST - ZIP			1 DELETE	5 4 Cily				[] Change	Addit
TITLE		L	jorric		ì				
NAME					ET ADDRESS				
-					61.70				
NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereb certify that	ly certify that the information supplit the information indicated on this a Lam an officer or director of the co n Block 12 or Block 1371 changed.	ied with this filing is wannual regard or supp	eiver ortalite	6.4 City hished and de	E ELI ADDRESS -ST-ZIP Des not qualify	/ for the exemption stated in Section trate and that my signature shall have this report as required by Chapter 607	119.07(the sar 7, Floric	3)(k), F me leg Ja Stat	(3)(k), Florida Stal

SIGNATURE:

4/30/96