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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000086797 (5)

1. Corporation Name

ELECTRONIC MED-BILL CORPORATION

Principal Place of Business

1520 SIMMONS DRIVE  
CLEARWATER FL 34616-2327

Mailing Address

1520 SIMMONS DRIVE  
CLEARWATER FL 34616-2327

3. Date Incorporated or Qualified 11/29/1994	3a. Date of Last Report 03/13/1996
4. FEI Number 59-3279747	Applied For <input type="checkbox"/> Not Applicable
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 s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 19 Neptune Ave. NORTH Suite, Apt. #, etc. 22 SUITE TWO City & State 23 CLEARWATER FL Zip 24 34625 Country	2a. Mailing Address 26 19 Neptune Ave NORTH Suite, Apt. #, etc. 27 SUITE TWO City & State 28 CLEARWATER, FL Zip 29 34625 Country
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9. Name and Address of Current Registered Agent

VINCENT, SANDRA K  
1520 SIMMONS DR  
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 19 NEPTUNE AVE NORTH	83	84 City CLEARWATER	85 Zip Code FL 34625
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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 *Sandra K Vincent*

(NOTE: Registered Agent signature required when reinstating)

4/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	VINCENT, MICHAEL S	1.2 NAME	
STREET ADDRESS	1520 SIMMONS DRIVE	1.3 STREET ADDRESS	19 NEPTUNE AVE NORTH
CITY - ST - ZIP	CLEARWATER FL 34616-2327	1.4 CITY - ST - ZIP	CLEARWATER, FL 34625
TITLE	VD	2.1 TITLE	
NAME	VINCENT, SANDRA K	2.2 NAME	
STREET ADDRESS	1520 SIMMONS DRIVE	2.3 STREET ADDRESS	19 NEPTUNE AVE NORTH
CITY - ST - ZIP	CLEARWATER FL 34616-2327	2.4 CITY - ST - ZIP	CLEARWATER, FL 34625
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	

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:

*Michael S Vincent, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/97 813-441-4559  
Date Daytime Phone #

CR2E034 (9/96)