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Feb 13 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 # P94000087049 (0)

1. Corporation Name

SOLUTIONS MEDICAL BILLING SERVICES, INC.

Principal Place of Business

Mailing Address

10561 TARA DAWN
PENSACOLA FL 32534

10561 TARA DAWN
PENSACOLA FL 32534



2. Principal Place of Business

21 1619 Eagle St

Suite, Apt. #, etc

22

City & State

23 Cantonment FL

Zip

24 32533

Country

25 USA

2a. Mailing Address

26 P.O. Box 55252

Suite, Apt. #, etc

27

City & State

28 Houston TX

Zip

29 77255-5252

Country

30 USA

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

04/09/1996

4. FEI Number

59-3281814

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. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

GERALD, DAVID S
10561 TARA DAWN
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name

GERALD, DAVID S

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

1619 Eagle St

83

84 City

Cantonment

FL

85 Zip Code

32533

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

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

(NOTE: Registered Agent signature required when reinstating)

01-31-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME GERALD, DAVID S
STREET ADDRESS 10561 TARA DAWN
CITY-ST-ZIP PENSACOLA FL 32534

TITLE D
NAME GERALD, JACQUELINE
STREET ADDRESS 10561 TARA DAWN
CITY-ST-ZIP PENSACOLA FL 32534

TITLE D
NAME JOHNSON, TERRI L
STREET ADDRESS 1619 EAGLE ST
CITY-ST-ZIP PENSACOLA FL 32533

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

1.1 TITLE PSTD
1.2 NAME GERALD, DAVID S
1.3 STREET ADDRESS 1619 EAGLE ST
1.4 CITY-ST-ZIP CANTONMENT FL 32533

2.1 TITLE D
2.2 NAME GERALD, JACQUELINE
2.3 STREET ADDRESS 1619 EAGLE ST
2.4 CITY-ST-ZIP CANTONMENT FL 32533

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S GERALD 01-31-97 (904) 484-8334

Date

Daytime Phone #

0511616

CR2E034 (9/96)