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 # **P94000091383 (7)**

1. Corporation Name

HERNANDO MEDICAL BILLING, INC.

Principal Place of Business
15588 AVIATION LOOP DR.
SPRING HILL FL 34609

Mailing Address
15588 AVIATION LOOP DR.
SPRING HILL FL 34609

3. Date Incorporated or Qualified: 12/19/1994
3a. Date of Last Report: 03/13/1995
4. FEI Number: 59-3288180 — [ ] 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

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

ROBLES, RAFAEL A
15588 AVIATION LOOP DR.
SPRING HILL FL 34609

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

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 _______________ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	GANGAROSA, MARGARET A	
STREET ADDRESS	10409 LANSFIELD ST.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	[ ] DELETE
NAME	AUGUSTINE, LORETTA D.	
STREET ADDRESS	7401 ROYAL OAK DR.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	[ ] DELETE
NAME	SZABO, CLARA	
STREET ADDRESS	13486 WHITE PLAINS ST.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	[ ] DELETE
NAME	GANGAROSA, EUGENE	
STREET ADDRESS	5305 GREENCASTLE WAY	
CITY-ST-ZIP	STONE MOUNTAIN GA	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Clara Ann Szabo — 3/29/96 — 352-796-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
CLARA Ann Szabo V.P.

CR2E034 (12/95)