

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 SEP -3 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000011387**  
1. Corporation Name  
**Jenny Medical Billing Services, Inc**

Principal Place of Business  
**1690 W 21st St Suite # 400-I**  
**7-11/6th, FL 33012**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. <b>same</b>		26. <b>same</b>		4. FEI Number <b>EIN</b> <b>65-0565748</b>		Applied For Not Applicable	
22. Suite, Apt #, etc <b>same</b>		27. Suite, Apt #, etc <b>same</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. City & State <b>same</b>		28. City & State <b>same</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**Novis Robaina**  
**12365 SW 18th St #309**  
**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  
**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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Novis Robaina**

**8/27/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>	12. NAME	
STREET ADDRESS	<b>Novis Robaina</b>	13. STREET ADDRESS	
CITY - ST - ZIP	<b>12365 SW 18th St #309</b>	14. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

**400001945114**  
**09/11/96--01095--013**  
**\*\*\*\*225.00 \*\*\*\*225.00**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Novis Robaina**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/96**  
**6081243**  
*aw*

CR2E034 (3/96)