## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000031486 (0)

DOCUMENT #
1. Corporation Name THE SPECIALIST MEDICAL BILLING SERVICES, INC.

Principal Place of Business Mailing Address 6310 NW 112TH TERRACE 6940 NW 119TH TERRACE



City & State City & State City & State  28 City & State City & State  6. Election Campaign Financing Trust Fund Contribution Added to Fees  Zip Country R This corporation has liability for intensible try under a 190 033	HIALEAH FL 33012		HALEAH FL 33012						
Suite, Apt. #, etc.   Suite						04/21/1995	3a. Date	of Last	Report
Suite April 4, etc.		ace of Business	2a. Mailing Address						Applied For
27						45-05744	78	-	Not Applicable
20	22 27		F			5. Certificate of Status Desired			
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of Naw Registered Agent  11. Name and Address of Naw Registered Agent  82. Stroot Address (P.O. Bor Number is Not Acceptable)  11. Pursuant to the processors of Sections 607 (5002 and 607 1508, Florics Statutes. The atlenes named consortation submits this statement for the purpose of Changes is registered agent, or being in the State of Ferrica Statutes. The atlenes named consortation submits this statement for the purpose of Changes is registered agent, or being in the State of Ferrica Statutes. The atlenes named consortation submits this statement for the purpose of Changes is registered agent, or being in the State of Ferrica State Statement for the purpose of Changes is registered agent, or being in the State of Ferrica State Statement for the purpose of Changes is registered agent, or being in the State of Ferrica State Statement and the statement for the purpose of Changes is registered agent, or being in the State of Ferrica State Statement and the statement for the purpose of Changes is registered agent, or being in the State of Ferrica Statement and the statement for the purpose of Changes is registered agent, or being in the State of Ferrica Statement and the statement for the purpose of Changes is registered agent, or being in the statement and the statement for the purpose of Changes is registered agent, or being in the statement of Statement and the statement for the purpose of Changes is registered agent, or being in the statement of Statement and the statement for the purpose of Changes is registered agent, or being in the statement of Statement and the statement for the purpose of Changes is registered agent, or being in the statement of Statement and the statement for the purpose of Changes is registered agent, or being in the statement and the statement for the purpose of Changes is registered agent, or being in the statement and the statement for the purpose of Changes is reg	23	· · · · · · · · · · · · · · · · · · ·	<b>├</b>						
Second	Zip 24	25	29		lry			under	s 199.032,
SPECIALIZE, PILAR   SSTORM, 112TH TERRACE   HALEAH FL 33012   STORM Number is Not Acceptable)   SSTORM Number is Not Acceptable is the Acceptable		<ol><li>Name and Address of Current</li></ol>	Registered Agent			10. Name and Address of New R	egistered A	gent	
STORTURE				1	81 Name				
### STOR NW. 112TH TERRACE   HALEAH FL 33012				<u> </u>	32 Street	Address (P.O. Box Number is Not Acceptab	le)		
11. Pursuant to the provisions of Societies 607 CF02 and 607.1508, Flavis's Statutes, the allience puried deviated and substitutes the appointment for the purpose of changing its registered difficence frenches and individed by the companion's board of declors. Interestly accept the appointment as registered difficence framework, and accept the deplators of Scene G67.0506. Florids Statutes.    SIGNATURE						The state of the s	,		
The Pursuant to the provisions of Soctions 647 0502 and 607 1508, Florias Statutos, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rivida Statutos. Such change was authorized by the expendition's board of directors. I neverty accept the appointment as registered digent, it am or registered agent, it am or state of the obligations of Section 667 office, Statutos.  SIGNATURE	HIALE	AH FL 33012		Ţ	33			•	
familiar with, and accept the obligations of Section GO7.06.06. Fords Statutes.  SIGNATURE  System bad of imbedian interpreted again. I am including a set of the control o	. •			1	34 City		r.	85	2ip Code
familiar with, and accept the obligations of Section GO7.06.06. Fords Statutes.  SIGNATURE  System bad of imbedian interpreted again. I am including a set of the control o	11. Pursuant ti	o the provisions of Sections 607 0502 a	noti 607 1508 Florida Statut	as the above	n somed or	arrando o horizational for the	<u> </u>	_لــــــــــــــــــــــــــــــــــــ	
12.					e named co rporation's	poration scientis this statement for the pur board of directors. Enereby accept the appo	pose of char ontment as r	iging its egistere	registered office id agent. Fam
12.		Signature: typed or printed hanks of rejectional agon is	11 title if applicable (for	THE Story oberent A		numes when (easy abod)	DATE		
TILE	12.	OFFICERS AND						DIRECT	ORS IN 12
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City - St - ZiP	NAME			2.2 NAV	15				İ
TITLE	STREET ADDRESS	6310 N.W. 112TH TERRACE		2.3 SIR	EET ADDRESS				
NAME   BACERIO, JACQUELINE   32 NAME   32 NAME   33 STREET ADDRESS   6252 N.W. 110TH TERRACE   33 STREET ADDRESS   6252 N.W. 110TH TERRACE   34 CITY ST-ZIP   HIALEAH FL 33012   34 CITY ST-ZIP   HIALEAH FL 33012   41 MILE   Change   Addition   Addition   AME   ADDRESS   1758 W. 84TH STREET   41 STREET ADDRESS   1758 W. 84TH STREET   42 STREET ADDRESS   1758 W. 84TH STREET   44 CITY-ST-ZIP   HIALEAH FL 33014   44 CITY-ST-ZIP   HIALEAH FL 33014   44 CITY-ST-ZIP   51 MILE   51 MILE   52 NAME   52 NAME   52 NAME   52 NAME   53 STREET ADDRESS   54 CITY-ST-ZIP   54 CITY-ST-ZIP   61 MILE   62 NAME   62 NAME   62 NAME   63 STREET ADDRESS   64 ST		HIALEAH FL 33012		2.4.011)	- ST - ZIP				
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TITLE	STREET ADDRESS			3.3 STA	EL ACORESS				ŀ
NAME   RIVERO, CRISTINA   42 NAME   43 STREET ADDRESS   1758 W. 84TH STREET   43 STREET ADDRESS   1758 W. 84TH STREET   43 STREET ADDRESS   44 CITY - ST - ZIP   1758 W. 84TH STREET   1758 W. 84TH							VI. VIII		
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		codiff, that the internal	L. Al 6	64 CITY	- ST - ZiP	<u> </u>	-61	-9	600

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 earth; that I am an officer or director of the conscious or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changod, if on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED HIME OF SIGNING OFFICER OR DIRECTOR

4-29-96 327-2120