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Feb 12 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 # **P95000035470 (0)**

1. Corporation Name

**ACCURATE MEDICAL BILLING SERVICES OF CENTRAL FLO
RIDA, INC.**

Principal Place of Business

**670 N ORLANDO AVE
STE 200
MAITLAND FL 32751
US**

Mailing Address

**P O BOX 948606
MAITLAND FL 32794-8606
US**

2. Principal Place of Business

21 377 Maitland Avenue

Suite, Apt. #, etc.

22 Suite 211

City & State

23 Altamonte Springs, FL

Zip

Country

24 32701

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ZAMAN, MOHAMMED B
670 N ORLANDO AVE
STE 200
MAITLAND FL 32751**

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3312400

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

10. Name and Address of New Registered Agent

81 Name

Zaman, Mohammed B.

82

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

377 Maitland Avenue

83

Suite 211

84

Altamonte Springs

FL

85

**Zip Code
32701**

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)

02/01/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ZAMAN, MOHAMMED B**
STREET ADDRESS **670 N ORLANDO AVE STE 200**
CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE

NAME **ZAMAN, AHMADI B**
STREET ADDRESS **670 N ORLANDO AVE STE 200**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 **President** ☒ Change ☐ Addition

1.2 NAME **Zaman, Mohammed B.**

1.3 STREET ADDRESS **377 Maitland Avenue, Suite 211**

1.4 CITY-ST-ZIP **Altamonte Springs, Florida 32701**

2.1 TITLE **Treasurer** ☒ Change ☐ Addition

2.2 NAME **Zaman, Ahmadi B.**

2.3 STREET ADDRESS **377 Maitland Avenue, Suite 211**

2.4 CITY-ST-ZIP **Altamonte Springs, Florida 32701**

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 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: **Mohammed B. Zaman**

02/01/97

(407) 830-5080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)