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Mar 07 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 # P95000041050 (2)

1. Corporation Name
AMERICAN MEDICAL BILLINGS, INC.



Principal Place of Business: 2217 S.E. 6TH AVE. FT. LAUDERDALE FL 33301
Mailing Address: 2217 S.E. 6TH AVE. FT. LAUDERDALE FL 33316-3508

3. Date Incorporated or Qualified: 05/22/1995
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. 8747 NW 57TH STREET Suite, Apt. #, etc.	26. 8747 NW 57TH STREET Suite, Apt. #, etc.	65-0606110	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. TAMARAC, FL	28. TAMARAC, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33351	29. Zip 33351	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SULTAN, FRED 2217 S.E. 6TH AVE. FT. LAUDERDALE FL 33301	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable) 8747 NW 57TH STREET
	83. City
	84. City TAMARAC FL 85. Zip Code 33351

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SULTAN, FRED	1.2 NAME	
STREET ADDRESS	2217 S.E. 6TH AVE.	1.3 STREET ADDRESS	8747 NW 57TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	1.4 CITY - ST - ZIP	TAMARAC, FL 33351
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE: Fred Sultan FRED SULTAN 11-30-1997 X 954-720-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)