

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000043133 (4)**

1. Corporation Name

**FLORIDA PROFESSIONAL BILLING SERVICE, INC.**



|   |   |
|---|---|
| Principal Place of Business                 | Mailing Address                             |
| <b>7355 SW 118 COURT<br/>MIAMI FL 33183</b> | <b>7355 SW 118 COURT<br/>MIAMI FL 33183</b> |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| Country                        | Country             |
| 24                             | 29                  |
| 25                             | 30                  |

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified   | 3a. Date of Last Report               |
| <b>06/02/1995</b>   |                                       |
| 4. FEI Number   | Applied For                           |
| <b>65-0588150</b>   | Not Applicable                        |
| 5. Certificate of Status Desired  | <b>\$8.75 Additional Fee Required</b> |
| <input checked="" type="checkbox"/>   |                                       |
| 6. Election Campaign Financing Trust Fund Contribution  | <b>\$5.00 May Be Added to Fees</b>    |
| <input type="checkbox"/>  |                                       |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

g. Name and Address of Current Registered Agent

**PENA, VMAN  
7355 SW 118 COURT  
MIAMI FL 33183**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City   |
| 85. Zip Code   |

11. Pursuant to the provisions of Sections 607.0507 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 607.055, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                      |
|----------------------------|--|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>QUINTEIRO, MARIA</b>                  | 1. NAME  |
| STREET ADDRESS             | <b>21345 S.W. 102 COURT</b>              | 1. STREET ADDRESS  |
| CITY-ST-ZIP                | <b>MIAMI FL 33189</b>                    | 1. CITY-ST-ZIP   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PENA, VMAN</b>                        | 2. NAME  |
| STREET ADDRESS             | <b>7355 SW 118 COURT</b>                 | 2. STREET ADDRESS  |
| CITY-ST-ZIP                | <b>MIAMI FL 33183</b>                    | 2. CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3. NAME  |
| STREET ADDRESS             |  | 3. STREET ADDRESS  |
| CITY-ST-ZIP                |  | 3. CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4. NAME  |
| STREET ADDRESS             |  | 4. STREET ADDRESS  |
| CITY-ST-ZIP                |  | 4. CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE          | 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5. NAME  |
| STREET ADDRESS             |  | 5. STREET ADDRESS  |
| CITY-ST-ZIP                |  | 5. CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE          | 6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6. NAME  |
| STREET ADDRESS             |  | 6. STREET ADDRESS  |
| CITY-ST-ZIP                |  | 6. CITY-ST-ZIP   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *(Vivian Pena)* **4/30/96** **(305) 232-0994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)