FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000043878 (4)

1. Corporation Name

MEDA-BILL SERVICES GROUP, INC.

~~Change Name To Bill Right Services Group Inc~~ Leave a/o/o

Principal Place of Business: 7327 CENTERWOOD DR. SPRING HILL FL 34606

Mailing Address: 7327 CENTERWOOD DR. SPRING HILL FL 34606

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 207 W Osborne AV
Suite, Apt. #, etc.
22:
City & State
23: Tampa Fl.
Zip
24: 33603
Country
25:

2a. Mailing Address
26: 207 W. Osborne Ave.
Suite, Apt. #, etc.
27:
City & State
28: Tampa, Fl
Zip
29: 33603
Country
30: Hillsboro

4. FEI Number: 59-3319836 — ☐ 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

9. **Name and Address of Current Registered Agent**

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. **Name and Address of New Registered Agent**
81 Name: ~~Gary Rapoport~~ Same
82 Street Address (P.O. Box Number is Not Acceptable): ~~207 W. Osborne AV~~
83
84 City: ~~Tampa Fl.~~ FL 85 Zip Code: 33603

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: ~~Gary Rapoport~~ DATE: ~~2/27/96~~

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	RILEY, DANIELLE C	
STREET ADDRESS	7327 CENTERWOOD DR.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VSD	☒ DELETE
NAME	~~MARCHESE, LETICIA~~	
STREET ADDRESS	~~7327 CENTERWOOD DR.~~	
CITY-ST-ZIP	~~SPRING HILL FL 34606~~	
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 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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***200.00

CR2E034 (12/95)

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

SIGNATURE: Danielle Riley — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 813-237-5549
Daytime Phone