SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000044520

1. Corporation Name: F.F. RAPID MEDICAL BILLING, INC.

Principal Place of Business: 3408 S.W. 8 STREET MIAMI, FL. 33135

Mailing Address: 3408 SW 8 STREET MIAMI, FL. 33135

3. Date Incorporated or Qualified: 6/8/95

3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0587328 — 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. 199.052, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

RAMON FONSECA
5726 DEVONSHIRE BLVD.
CORAL GABLES, FL 33155

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP	DELETE
PD	RAMON FONSECA 5726 DEVONSHIRE BLVD. CORAL GABLES, FL. 33155	[ ]
		[ ]
		[ ]
		[ ]
		[ ]
		[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
		[ ]	[ ]
		[ ]	[ ]
		[ ]	[ ]
		[ ]	[ ]
		[ ]	[ ]
		[ ]	[ ]

100001916331
-08/08/96--01027--032
***225.00

8/7/96

14. I 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 report or supplemental 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.

SIGNATURE: X [signature] RAMON FONSECA - PRESIDENT - 7/31/96 (305)4770340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)