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 # **P95000058366 (2)**

1. Corporation Name

BETAMED BILLING GROUP, INC.

Principal Place of Business	Mailing Address
8950 SW 69 CT #102 [redacted]	8950 SW 69 CT #102 MIAMI FL 33156

3. Date Incorporated or Qualified: 07/28/1995
3a. Date of Last Report:

	Principal Place of Business	Mailing Address
2. / 2a.	21 99 NW 183 STREET	26 99 NW 183 STR.
Suite, Apt. #, etc	22 SUITE 120	27 SUITE 120
City & State	23 MIAMI, FL 33169	28 MIAMI, FL 33179
Zip / Country	24 33169 / 25	29 33179 / 30

4. FEI Number: 65-0597494 ☐ 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

NICHOLSON, BILL
8950 SW 69 CT
#102
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: TONY CHINYE
82 Street Address (P.O. Box Number is Not Acceptable): 1031 IVES DAIRY RD
83: SUITE 228
84 City: N. MIAMI BEACH, FL 85 Zip Code: 33179

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] TONY CHINYE, DIRECTOR 6/6/96
Signature, typed or printed name of officer and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, GODFREY 535 NW 210 ST APT 204 MIAMI FL 33169	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D IKE CHINYE 6115 NW 186 STR. #206 MIAMI LAKES, FL 33015	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIMA, LY 2165 SW 26 ST MIAMI FL 33133	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D TONY CHINYE 1031 IVES DAIRY RD. #228 N. MIAMI BEACH, FL 33179	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLSON, BILL 8950 SW 69 CT APT 102 MIAMI FL 33156	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D EUNICE OSAMOR 17255 NW 60 COURT MIAMI LAKES, FL 33015	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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

SIGNATURE: [signature] TONY CHINYE, DIR 8/1/96 (305) 651-9464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #