

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000065690

1. Corporation Name

MONAHAN & VIENS PROFESSIONAL BILLING, INC.

Principal Place of Business

2206 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH FL 33435

Mailing Address

2206 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH FL 33435

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90180 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

65-0612649

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BARBARA~~  
MONAHAN, SUSAN L  
2206 SOUTH SEACREST BOULEVARD  
BOYNTON BEACH FL 33435

81 Name BARBARA, SUSAN L  
82 Street Address (P.O. Box Number is Not Acceptable)  
2206 S. SEACREST BLVD.  
83  
84 City BOYNTON BEACH FL 85 Zip Code 33435

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, typed or printed name of registered agent 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 PSD  
NAME BARBARA, SUSAN  
STREET ADDRESS 2206 SOUTH SEACREST BOULEVARD  
CITY-ST-ZIP BOYNTON BEACH FL 33435

1.1 TITLE PSD  
1.2 NAME BARBARA, SUSAN L.  
1.3 STREET ADDRESS 3639 WESTERN WAY  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE VTD  
NAME VIENS, DIANA  
STREET ADDRESS 2206 SOUTH SEACREST BOULEVARD  
CITY-ST-ZIP BOYNTON BEACH FL 33435

2.1 TITLE VICE-PRESIDENT  
2.2 NAME JULIE W. MONAHAN  
2.3 STREET ADDRESS STAFFORD CIRCLE  
2.4 CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE TREASURER  
3.2 NAME ERICA MERCADO  
3.3 STREET ADDRESS 5553 BARNSTAD CIRCLE  
3.4 CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: SUSAN L. BARBARA 4/20/99 861-736-8096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)