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 # **P95000079372 (5)**

1. Corporation Name

GREENVIEW PROFESSIONAL BILLING SERVICES, INC.

Principal Place of Business

2742 S.W. 8TH STREET
SUITE 216
MIAMI FL 33135

Mailing Address

2742 S.W. 8TH STREET
SUITE 216
MIAMI FL 33135

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

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

3. Date Incorporated or Qualified: **10/16/1995**

3a. Date of Last Report

4. FEI Number: **65-0613277** ☐ 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

VALLE, BLANCA
2742 S.W. 8TH STREET
SUTIE 216
MIAMI FL 33135

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 Section 607.0502 or 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. The above 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 that position as provided for in Florida Statutes.

SIGNATURE: BLANCA VALLE 1-17-96
(Required) Signature of Registered Agent (Required) DATE

12 OFFICERS AND DIRECTORS

PD
VALLE, BLANCA
1716 S.W. 13TH STREET
MIAMI FL 33145

VD
MARTIRENA, SURIESKA
710 WASHINGTON AVE. #218
MIAMI BEACH FL 33139

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY, ST, ZIP

5 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY, ST, ZIP

9 TITLE ☐ Change ☐ Addition
10 NAME
11 STREET ADDRESS
12 CITY, ST, ZIP

13 TITLE ☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY, ST, ZIP

17 TITLE ☐ Change ☐ Addition
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

CR2E034 (12/95)

14. I 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, added, or deleted.

SIGNATURE: SURIESKA MARTIRENA 1-17-96 305-642-5322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number