

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 # **P95000080202 (1)**

1. Corporation Name

MED-MED BILLING CORP.



Principal Place of Business

Mailing Address

1007 S.W. 118 COURT
MIAMI FL 33184

1007 S.W. 118 COURT
MIAMI FL 33184

3. Date Incorporated or Qualified

3a. Date of Last Report

10/19/1995

4. FEI Number

Applied For
Not Applicable

65-0615590

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. 199.012 Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GENARO, MAYDA
1007 S.W. 118 COURT
MIAMI FL 33184

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 607.0902 and 607.1505, 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 607.0905, Florida Statutes.

SIGNATURE

Signature typed or printed name of signing officer or director

Signature typed or printed name of signing officer or director

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1. TITLE Change Addition

NAME GENARO, GILBERTO
STREET ADDRESS 1007 S.W. 118 COURT
CITY-ST-ZIP MIAMI FL 33184

2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

TITLE DELETE

5. TITLE Change Addition

NAME GENARO, MAYDA
STREET ADDRESS 1007 S.W. 118 COURT
CITY-ST-ZIP MIAMI FL 33184

6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP

TITLE DELETE

9. TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

10. NAME
11. STREET ADDRESS
12. CITY- ST- ZIP

TITLE DELETE

13. TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. NAME
15. STREET ADDRESS
16. CITY- ST- ZIP

TITLE DELETE

17. TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

18. NAME
19. STREET ADDRESS
20. CITY- ST- ZIP

TITLE DELETE

21. TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP

14. I do hereby certify that the information supplied in 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 checked. (Attach an attachment with an address)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilberto Genaro

4/8/96

CR2E034 (12/95)