

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA 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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. 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

10. Name and Address of New Registered Agent

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 registered agent or director

Signature typed or printed name of new registered agent

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**

12. NAME  
13. STREET ADDRESS  
14. CITY- ST- ZIP

TITLE  DELETE

2. TITLE  Change  Addition

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

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

TITLE  DELETE

3. TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

32. NAME  
33. STREET ADDRESS  
34. CITY- ST- ZIP

TITLE  DELETE

4. TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

42. NAME  
43. STREET ADDRESS  
44. CITY- ST- ZIP

TITLE  DELETE

5. TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

52. NAME  
53. STREET ADDRESS  
54. CITY- ST- ZIP

TITLE  DELETE

6. TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

62. NAME  
63. STREET ADDRESS  
64. 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 in checked, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten signature and date: 4/8/96*

CR2E034 (12/95)