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Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000086763 (6)

1. Corporation Name

ADVANCED BILLING SERVICES, INC.

Principal Place of Business

9900 WEST SAMPLE RD.  
SUITE 401  
CORAL SPRINGS FL 33065

Mailing Address

9900 WEST SAMPLE RD.  
SUITE 401  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1995

4. FEI Number

65-0649834

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARIS, BRIAN  
3504 N.W. 79TH WAY  
HOLLYWOOD FL 33024

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 607.0502 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 ☐ DELETE  
NAME P  
STREET ADDRESS NORVELL, TAMARA  
CITY-ST-ZIP 9769 ARBOR OAKS LA. # 104  
BOCA RATON FL 33428

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS NORVELL, ROBERT  
CITY-ST-ZIP 9769 ARBOR OAKS LA. # 104  
BOCA RATON FL 33428

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS FARIS, BRIAN  
CITY-ST-ZIP 3504 N.W. 79TH WAY  
HOLLYWOOD FL 33024

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS FARIS, RICHELLE  
CITY-ST-ZIP 3504 N.W. 79TH WAY  
HOLLYWOOD FL 33024

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME President  
1.3 STREET ADDRESS Tamara Norvell  
1.4 CITY-ST-ZIP 780 W. Palmetto Park Rd.  
Boca Raton, FL 33486

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Treasurer  
2.3 STREET ADDRESS Robert Norvell  
2.4 CITY-ST-ZIP 780 W. Palmetto Park Rd.  
Boca Raton, FL 33486

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
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 in an attachment with an address.

SIGNATURE:

Tamara Norvell, President 1/15/98 954-255-9000

CR2E034 (10/97)