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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000087405 (3)

1. Corporation Name

RAPID-MED BILLING SYSTEMS, INC.



Principal Place of Business

2126 N.W. 64TH AVENUE  
MARGATE FL 33063

Mailing Address

2126 N.W. 64TH AVENUE  
MARGATE FL 33063

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 935092

27

Suite, Apt. #, etc.

22

City & State

27

MARGATE FLORIDA

23

Zip

Country

28

Zip

Country

24

25

29

33093-5092

30

USA

9. Name and Address of Current Registered Agent

KOONS, THOMAS W  
2126 N.W. 64TH AVENUE  
MARGATE FL 33063

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 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 officer or director

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
RAGONE, JAMES V  
STREET ADDRESS 1466 N.E. 179 STREET  
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME VD  
RAGONE, DOROTHY  
STREET ADDRESS 1466 N.E. 179 STREET  
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME SD  
KOONS, JAYMIE S  
STREET ADDRESS 2126 N.W. 64TH AVENUE  
CITY-STATE-ZIP MARGATE FL 33063

TITLE ☐ DELETE

NAME TD  
KOONS, THOMAS W  
STREET ADDRESS 2126 N.W. 64TH AVENUE  
CITY-STATE-ZIP MARGATE FL 33063

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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14. I do 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, or on an attachment with an address.

SIGNATURE:

Thomas W. Koons Thomas W. KOONS

4/25/96

(954) 970-9223

5-1-96

CR2E034 (12/95)