FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

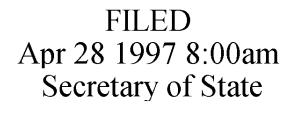
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000097896 (1)

PROFESSIONAL BILLING ASSOCIATES OF TAMPA BAY, IN

ı	Frincipal Flace of business										
	8001		ROCKY	POINT	ORIVE.	E					

Mailing Address





T TITO Par T 1000	3 O. DOS	Wanning 7 ic	adi Cod									
SCOI N. ROCKY POINT DRIVE. E SUITE 125 TAMPA FL 33607		SUITE 125	3001 N. ROCKY POINT DRIVE, E SUITE 125 TAMPA FL 33607-5806									
							3.	Date Incorporated or Qualified 12/28/1995		te of La	st Report	
2. Principal Pl	ace of Business	26. Mailing	Address	·			4.	FEI Number 59-3359018	<u> </u>	F	Applied For Not Applicable	
Suite, Apt. :		Suite, /	Suite, Apt. #, etc.				Б.	5. Certificate of Status Desired See Req				
City & State 23)	City & 28	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No						
	9. Name and Address of Curre	nt Registered A	gent				10.	Name and Address of New Re	gistered A	gent		
HUN	IT, JEFFREY A				81	Name						
3001	I N. ROCKY POINT DRIVE, E TE 125				62	Street Ad	Address (P.O. Box Number is Not Acceptable)					
	PA FL 33607				83		· · · · · · · · · · · · · · · · · · ·					
					84	City			FL	85	Zip Code	
11. Pursuant t	o the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the oblig	2 and 607.1508 of Florida, Such	Florida Statu change was	ites, the al	bove d by	named c	orporatio ration's b	n submits this statement for the population of directors. I hereby acception	urpose of	changi cintmen	ng its registered t as registered	
SIGNATURE	in familiar with, and accept the oblig Signature, typed or printed name of registered ag-								DATE			
12.		D DIRECTORS	ie (iac	TE: Registere	J Age	iit Bigitature le		ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN 12	
TITLE	P	B Birle O TOTIO	DELETE	1.1 Ti	TLF		· · · · ·	ADDITION OF THE ADDITION OF THE	LIIO MID	Chai	· · · · · · · · · · · · · · · · · · ·	
NAME	HUNT, JEFFREY A		_	1.2 N/								
STREET ADDRESS	3001 N. ROCKY POINT DRIVE	E #125		- 1		ADDRESS						
CITY-ST-ZIP	TAMPA FL 33607	,		1.4 Ci								
TITLE			DELETE	2.1 1					• • • • • • • • • • • • • • • • • • • •	☐ Char	nge Addition	
NAME				2.2 N/	ME							
STREET ADDRESS				2.3 \$1	REET	ADDRESS						
CITY-ST-ZIP				2.40	ITY - S	1 - ZIP						
TITLE			DELETE	3.1 Ti	TLE					Char	nge 🔲 Addition	
NAME				3.2 NA	ME							
STREET ADDRESS				3.3 ST	REE1.	ADURESS						
CITY-ST-ZIP				3.4. C	ITY-S	T - ZIP						
TITLE			DELETE	4.1 TI	ILE					☐ Char	nge 🔲 Addition	
NAME				4. 2 N	AME							
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP				4.4 C)		- ZIP						
TITLE			DELETE	5.1 11						Char	nge Addition	
NAME				5.2 N/								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			Doctors	5.4 CI		- ZIP						
TITLE			DELETE	6 1 Tr		1				Char	nge Addition	
NAME				62 N/								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				64 CI	1Y-\$1	- ZiP						

I do 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 on an attachment with an address.