FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000015343 (2)**

1. Corporation Name
SOUTHSIDE MEDICAL BILLING, INC.

Principal Place of Business	Mailing Address
603 INDIAN ROCKS RD. BELLEAIR FL 34616-2056	603 INDIAN ROCKS RD. BELLEAIR FL 34616-2056

3. Date Incorporated or Qualified: 02/15/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5880 49th St. N	26 5880 49th St. N
Suite, Apt. #, etc. 22 Suite N 202	Suite, Apt. #, etc. 27 Suite N. 202
City & State 23 St. Petersburg FL	City & State 28 St. Petersburg, FL
Zip 24 33709 Country 25	Zip 29 33709 Country 30

4. FEI Number: 59-3360757 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RUGGLES, THOMAS W
603 INDIAN ROCKS RD.
BELLEAIR FL 34616-2056

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: Catherine A Phillips MD Officer 4/16/97
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	D	☐ DELETE	1.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	WILCHER, D.O., FACEP, BEVERLY		1.2 NAME	Catherine A Phillips, MD	
STREET ADDRESS	PO BOX 41421		1.3 STREET ADDRESS	5880 49th St. N, Suite N202	
CITY-ST-ZIP	ST. PETERSBURG FL 33743-1421		1.4 CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	Vice President	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Phillips, Catherine MD		2.2 NAME		
STREET ADDRESS	5880 49th St. N. Suite N202		2.3 STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg, FL 33709		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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.

SIGNATURE: Catherine A Phillips MD 4/16/97 813 522-7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #