

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

0361547

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000016572			
1. Corporation Name MEDICAL BILLING CONCEPTS INC.			
Principal Place of Business 885 SE 6TH AVE STE D DELRAY BCH FL 33483 US		Mailing Address 885 SE 6TH AVE STE D DELRAY BCH FL 33483 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 02/22/1996	
21	2a. Mailing Address	4. FEI Number 74-281463B	
Suite, Apt. #, etc.		Applied For Not Applicable	
22	2b. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	2c. Mailing Address	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Country	9. Name and Address of Current Registered Agent	
25	Country	10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent PARKER, GERALD 909 NE 9TH AVE, SUITE 206 DELRAY BEACH FL 33483		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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	D	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	THOMPSON, DANA R	1.1 TITLE	
STREET ADDRESS	46 CITRUS PARK DR	1.2 NAME	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	1.3 STREET ADDRESS	
TITLE	VP	1.4 CITY-ST-ZIP	
NAME	BYRNES, JAMES J MD	2.1 TITLE	
STREET ADDRESS	245 S COUNTRY CLUB BLVD	2.2 NAME	
CITY-ST-ZIP	BOCA RATON FL	2.3 STREET ADDRESS	
TITLE	S	2.4 CITY-ST-ZIP	
NAME	LEE, KENNETH M	3.1 TITLE	
STREET ADDRESS	10542 LA REINA WAY	3.2 NAME	
CITY-ST-ZIP	DELRAY BEACH FL	3.3 STREET ADDRESS	
TITLE	T	3.4 CITY-ST-ZIP	
NAME	BUSH, CHESTER F	4.1 TITLE	
STREET ADDRESS	46 CITRUS PK DR	4.2 NAME	
CITY-ST-ZIP	BOYNTON BCH FL	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	
NAME			
STREET ADDRESS			
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

Date

5612799379

Daytime Phone #