

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000022214** ✓
Associated Name
ASSOCIATED HEALTHCARE BILLING SERVICES, INC.

Place of Business
ST
JACKSONVILLE BEACH FL 32250

Mailing Address
P.O BOX 50066
JACKSONVILLE BEACH FL 32240
US

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90002 050 ***550.00

612602- 90002 - 50



DO NOT WRITE IN THIS SPACE

1. Date of Incorporation or Qualification 03/08/1996	
2. FEI Number 59-3377277	Applied For <input type="checkbox"/> Not Applicable
3. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
4. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
5. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Name and Address of Current Registered Agent KEELS, ROBERT A 44 3RD ST NEPTUNE BEACH FL 32266	
7. Name and Address of New Registered Agent 81 Name OSSI, JUDY C. 82 Street Address (P.O. Box Number is Not Acceptable) 50 N. LAURA STREET 83 SUITE 3900 84 City JACKSONVILLE FL 85 Zip Code 32202	

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Judy C. Ossi **8/16/99**

OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DPST WRIGHT, VINCENT T 1618 STRAND ST NEPTUNE BEACH FL 32266 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
DV WRIGHT, CAROL Y 12601 SW 92ND COURT MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED**

8/6/99 **901-2473857**

CR2E034 (5/99)