SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600031956 (1)

PHYSICIAN MANAGEMENT AND BILLING CO.

Principal Place of Business	Mailing Address			
17641 SEIDNER ROAD WINTER GARDEN FL 34787	17641 SEIDNER ROAD WINTER GARDEN FL 34787			
2. Principal Place of Business	28. Mailing Address			
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

FILED Sep 03 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address									
17641 SEIDNER ROAD 17641 SEIDNER ROAD WINTER GARDEN FL 34787 WINTER GARDEN FL 34787					-				
WINTER GARD	EN TL 34/6/	WINTER GARDEN FL 34787							
İ						DO NOT WRITE			
				<u></u>		3. Date Incorporated or Qualified 04/11/1996	3a. Date of La	st Report	
	Place of Business	2a. Mailing Address				4. FEI Number		Applied	For
21		26				59-3379/33 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	\$5.	00 мау	Be
		28				Trust Fund Contribution		ed to Fee	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has pai	d the current year	r Intangib	ole
24	25		30			Personal Property Tax due June		₩ No	
J	9. Name and Address of Curren	I Registered Agent				10. Name and Address of New Reg	istered Agent		
	RTER, W. A			81	Name				
	O CASTLEWOOD LANE		ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
j ORL	ANDO FL 32808						.,		
				83					
			ļ	84	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050;	2 and 607.1508, Florida Statutes	s, the ab	ove-	named corpo	pration submits this statement for the pu	unage of change	ng its reai	istered
l ource our	registered agent, or both, in the State am familiar with, and eccept the obliga	of Fiorida. Such change was at	Jthoriz.ed	i by t	he corporation	on's board of directors. I hereby accep-	the appointmen	t as regist	tered
SIGNATURE	and and accept, the oblige		a olait	C100.					
GIGIVATORE	Signature, typed or printed name of registered ages	nt and little if applicable (NOTE:	Rogistered	Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN	12
TITLE	DPVS	☐ DELETE	1.1 TIT	LΕ			☐ Char		Addition
NAME	HENRY, BARBARA H		1.2 NA	ME				_	İ
STREET ADDRESS	17641 SEIDNER ROAD				DORESS				
CITY-ST-ZIP	WINTER GARDEN EL 34787		1	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					
TALE	DELET			2.1 TITLE			Char	ne III.	Addition 1
NAME	HENRY, BARBARA H		2.2 NA				Onar	.a—.'	, agonion
STREET ADDRESS	17641 SEIDNER ROAD				ODDECC				i
	WINTER GARDEN FL 34787				DORESS				ŀ
CITY-ST-ZIP TITLE		DELETE		2.4 CITY - ST - ZIP			1 0		A allatet
				3.1 TITLE			☐ Char	ge L_1	Addition
NAME OTDEET ADDRESS			3 2 NA						
STREET ADDRESS			1		DDRESS				
CTTY-ST-ZIP		DF: F+F	3.4. CIT		ZIP				
TITLE		DELETE	4.1 1111	LE			L_] Chan	ge 🗀 /	Addition
NAME			4. 2 NA	ME					- 1
STREET ADDRESS			4.3 STR	REET AD)DRESS				- 1
CITY-ST-ZIP		,	4.4 CIT	Y-ST-	ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Char	ge 🔲 A	Addition
NAME			5.2 NAM	ME					
STREET ADDRESS			5.3 STR		DRESS				
CITY-ST-ZIP			5.4 CIT		- 1				
TITLE		☐ DELETE	61 1110		L''		Chan	ne 🗆 é	Addition
NAME		<u> </u>	62 NAN				L. Ollan	у Ц <i>г</i>	างสะเดา
STREET ADDRESS					,,,,,,,,				
OTTO OT THE			6.3 STR	eeti AD	idress				

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.