

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
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DOCUMENT # P96000033103

1. Corporation Name

PROFESSIONAL PHYSICIANS BILLING SERVICES, INC.

Principal Place of Business

Mailing Address

FILED

97 SEP 29 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4372 NORTH WEST 38TH TERR.		26 4372 NORTH WEST 38TH TERR.		APRIL 1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0782269		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 LAUDERDALE LAKES, FLORIDA		28 LAUDERDALE LAKES, FLORIDA		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24 33309		25	
29 33309		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARL S. PITTER
7447 NORTH WEST 57TH STREET
TAMARAC, FLORIDA 33319

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 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DONNA A. JOSEPHS-KIRBY
STREET ADDRESS		1.3 STREET ADDRESS	4372 NORTH WEST 38TH TERRACE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	GLORIA A. JOSEPHS
STREET ADDRESS		2.3 STREET ADDRESS	4372 NORTH WEST 38TH TERRACE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL. 33309
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY/ DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	MARCY FORT
STREET ADDRESS		3.3 STREET ADDRESS	16025 NORTH WEST 28TH COURT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL. 33054
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: x *Donna A. Josephs-Kirby* PRESIDENT 9-22-97 (954) 733-0212

(2)

Donna Josephs-Kirby
4372 N.W. 38th Terr.
Lauderdale Lakes, Fl. 33309

Florida Department of State
Division of Corporation
Annual Report Filing
409 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern,

I have been informed that I need to file an annual report for 1997, however I have not received a corporate annual report by mail. I have not changed residence in approximately 5 years. My accountant has relocated, and he also has not received a form. Following a telephone conversation with your office, enclosed please find a form sent by your office to me, along with a check in the amount of \$165.00. Kindly expedite this at your earliest convenience.

Thanking you in advance for your cooperation,


Donna Josephs-Kirby