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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038744 (4) THE BOTTOM LINE MEDICAL ADMINISTRATIVE CONSULTAN TS. INC. Principal Place of Business Mailing Address 3320 TIGER CREEK FOREST 3320 TIGER CREEK FOREST LAKE WALES FL 33853 LAKE WALES FL 33853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1996 2, Principal Place of Business Mailing Address Applied For 21 26 59-3391034 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 700 Zio Country Country 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ECKIS, KRISTINE D 3320 TIGER CREEK FOREST Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 83 Zip Code 84 City 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change TITLE 1.1 TITLE ECKIS, KRISTINE D NAME 1.2 NAME 3320 TIGER CREEK FOREST STREET ADDRESS 1.3 STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME ECKIS, KRISTINE R ECKIS, KENNETH 2 2 NAME 3320 TIGER CREEK FOREST 2 3 STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 2. 4 CITY-ST-ZIP CITY-ST-7IP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY-ST-ZiP CITY ST ZIP Change DELETE Addition TITLE 51 TITEF NAME 52 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 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 roport 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

54 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Block 12 or Block 13 if changed, or on an attachment with an address

DELETE

3/13/98

941-696-3792

Change

Addition

FILED

Mar 19 1998 8:00am

Secretary of State