

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 # P96000039637 (9)

1. Corporation Name

C.I.A. MEDICAL BILLING AND CONSULTING, INC.

Principal Place of Business

Mailing Address

1934 E. COOPER DRIVE
DELTONA FL 32725

1934 E. COOPER DRIVE
DELTONA FL 32725



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1996

4. FEI Number 59-3515755

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2865 WINDSOR HEIGHTS ST.

2a. Mailing Address

26 P.O. BOX 390491

22 City & State

23 DELTONA, FL

24 32738

25 USA

27 City & State

28 DELTONA, FL

29 32739

30 USA

9. Name and Address of Current Registered Agent

VON MOOS, CATHERINE
1934 E. COOPER DRIVE
DELTONA FL 32725

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

CATHERINE VON MOOS-PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VON MOOS, CATHERINE
STREET ADDRESS 1934 E COOPER DR
CITY-ST-ZIP DELTONA FL

TITLE ST ☐ DELETE

NAME VON MOOS, AUGUST
STREET ADDRESS 1934 E COOPER DR
CITY-ST-ZIP DELTONA FL

TITLE VP ☐ DELETE

NAME SORCE, LATISHA
STREET ADDRESS 2865 WINDSOR HEIGHTS ST.
CITY-ST-ZIP DELTONA, FLA. 32738

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME VONMOOS, CATHRINE
1.3 STREET ADDRESS 2865 WINDSOR HEIGHTS ST.
1.4 CITY-ST-ZIP DELTONA, FL. 32738

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME VON MOOS, AUGUST
2.3 STREET ADDRESS 2865 WINDSOR HEIGHTS ST.
2.4 CITY-ST-ZIP DELTONA, FL. 32738

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000002576810
-07/01/98-01008-037
***150.00

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.

CR2E034 (10/97)