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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS,

1997

DOCUMENT # P96000065808 (3

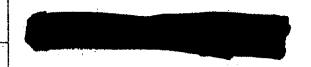
MEDICAL BILLING PARTNERS, INC. N/C 3/24/97 NANTUCKET CONSULTING, INC.

Principal Place of Business

Mailing Address

3951 NW 2 TERRACE MIAMI FL 33126 3951 NW 2 TERRACE MIAMI FL 33126-5719

FILED May 05 1997 8:00am Secretary of State



							3. Date Incorporated or Qualified Sa. Date of Last Report 08/07/1996			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Appli	ed For	
21 225	Le	Seune Ro	FO 26	P.O. 617	1411	02	65-068383	Not A	pplicable	
Suite, Apt		_		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add		
22 Sur		02	27					Fee Requ	ired	
City & State	0 			City & State	March.		6. Election Campaign Financing	\$5.00 ма		
23 601	Al Go	Country	28	Conal (505/01		Trust Fund Contribution	Added to f	ees	
	. 3			22114	Count	Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
[24] 33	9. Name and Address of Current Registered Agent				30 6	Florida Statutes Yes No 10. Name and Address of New Registered Agent				
B) 10			urrent negis	tered Agent	a	81 Name				
BUCELO, ARMANDO J JR						Harrio	Tall to			
` 2828 CORAL WAY					8	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 307					ā	83				
MIAMI FL 33145									ŀ	
					8	4 City		FL 85 Zip Co	de	
11. Pursuant	to the provis	ions of Sections 60	7.0502 and 6	07.1508, Florida Stati	utes, the abo	ve-named c	orporation submits this statement for the p	urpose of changing its r	egistered	
office or r	egistered aç m familiar wi	jent, or both, in the l	State of Floric	da Such change was Section 607 0505 F	authorized	by the corpo	ration's board of directors. I hereby accep	t the appointment as re-	gistered	
		in a la l	ounganono o	1 000.07.007.00001.	TOTAL DELIGI					
SIGNATURL	Shprahas typed	For per high rand biol register	ed agent and title	if applicable (NC	DTE: Rog stered A	gent signature re	quired when reinstating)	DATE		
12.		OFFICERS	S AND DIREC		13.		ADDITIONS/CHANGES TO OFFIC		N 12	
DBF	D			☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME		MERCEDES			1.2 NAM	£				
STREET ADDRESS	3951 NW	2 TERRACE			1.3 STRE	ET ADORESS				
CHY-\$1-707	MIAMI FL	. 33126			1.4 CITY	-ST-ZIP				
T-D-F	D			DELETE	2.1 TITLI			Change	Addition	
NAMI	MASVI	CAL RAUL Le Jeune A	- ,		2.2 NAM	E				
STREET ADDRESS	2151	Le Jeune A	d. Sur	16 202	2.3 STRE	ET ADDRESS				
CHY ST-ZE	CONA	1 Gobles,	FL. 33	3134	2. 4 CiTy	/-ST-ZIP				
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STHEET ACCORESS					4.3 STRE	ET ADDRESS		. ^		
CITY-ST-ZiP		and have designed a selection of the sel	**************************************		4.4 CITY	-ST - ZIP				
DHE				☐ ĎELETE	5.1 TITL	Ε		/// Li Chafige /	Addition	
NAME					5.2 NAM	ŧ	4		7	
STREET ACCRESS					5.3 STAE	ET ADDRESS		111 - X22/9	4	
CPY-SI-ZP					5.4 CITY	-ST-ZIP		1107-01	_/	
THILE				☐ DELETE	6.1 TITL	E	ייי ד כיייורות ווייין	Change [Addition	
HAME					6.2 NAM	E	00000216 -05/07/970109	:a002]	
SCREET ASSURESS					6.3 STR	ET ADDRESS	***165.00	33003	1	
CITY - S1 - ZIPI					6.4 CITY	-ST-ZIP	444 TOO 100			
14. Ldo herel	by cert by the	It the information su	polied with th	is filing does not qua	dify for the e	xemption sta	ted in Section 119.07(3)(i). Florida Statute:	s. I further certify that the	,	

14. I do hereby cert by that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(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:

SIGNATURE AND TYPED OR HINTED NAME OF SIGNAM OFFICER OR DIRECTOR

4/26/57

(305)442-9202