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May 05 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS.

DOCUMENT # P96000065808 (3)

1. Corporation Name  
~~MEDICAL BILLING PARTNERS, INC.~~ N/C 3/24/97  
NANTUCKET CONSULTING, INC.

Principal Place of Business: 3951 NW 2 TERRACE MIAMI FL 33126  
Mailing Address: 3951 NW 2 TERRACE MIAMI FL 33128-5719



3. Date Incorporated or Qualified: 08/07/1996  
3a. Date of Last Report: [Blank]  
4. FEI Number: 65-0683836  
Applied For: [Blank] / 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 has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business: 2251 Le Jeune Road, Suite 202, Coral Gables, FL 33134, USA  
2a. Mailing Address: P.O. Box 14102, Coral Gables, FL 33114, USA

9. Name and Address of Current Registered Agent: BUCELO, ARMANDO J JR, 2828 CORAL WAY, SUITE 307, MIAMI FL 33145

10. Name and Address of New Registered Agent: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	FALERO, MERCEDES	
STREET ADDRESS	3951 NW 2 TERRACE	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	D	DELETE
NAME	MASVIAL RAOUL	
STREET ADDRESS	2151 Le Jeune Rd. Suite 202	
CITY - ST - ZIP	Coral Gables, FL 33134	
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	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	

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-05/07/97--01059--003  
\*\*\*165.00

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: [Signature] 4/24/97 (305) 442-9202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)