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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33126-5719

3. Date Incorporated or Qualified

08/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 2251 Le Jeune Road

2a. Mailing Address

26 P.O. Box 141102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 202

27

City & State

City & State

23 Coral Gables, FL.

28 Coral Gables, FL.

Zip

Country

Zip

Country

24 33134

25 USA

29 33114

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCELO, ARMANDO J JR
2828 CORAL WAY
SUITE 307
MIAMI FL 33145

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FALERO, MERCEDES
STREET ADDRESS 3951 NW 2 TERRACE
CITY-ST-ZIP MIAMI FL 33126

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MASVIAL RAOUL
STREET ADDRESS 2151 Le Jeune Rd. Suite 202
CITY-ST-ZIP Coral Gables, FL. 33134

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

(305) 442-9202

CR2E034 (9/96)