

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

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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

2. Principal Place of Business  
21 2251 Le Jeune Road  
2a. Mailing Address  
26 P.O. Box 14102

22 Suite, Apt #, etc. Suite 202  
27 Suite, Apt #, etc.

23 Coral Gables, Fl. City & State  
28 Coral Gables, Fl. City & State

24 33134 25 USA 29 33114 30 U.S.A.  
Zip Country Zip Country

4. FEI Number 65-0683836  
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] DELETE  
1.2 NAME FALERO, MERCEDES  
1.3 STREET ADDRESS 3951 NW 2 TERRACE  
1.4 CITY-ST-ZIP MIAMI FL 33126  
2.1 TITLE [ ] DELETE  
2.2 NAME MASVIAL RAUL  
2.3 STREET ADDRESS 2151 Le Jeune Rd. Suite 202  
2.4 CITY-ST-ZIP Coral Gables, Fl. 33134  
3.1 TITLE [ ] DELETE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] DELETE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] DELETE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] DELETE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

4/24/97

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

CR2E034 (9/96)