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FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000077529 (1)

1. Corporation Name

MIAMI MEDICAL BILLING CORP.

Principal Place of Business

1301 SW 72 CT.
MIAMI FL 33144

Mailing Address

1301 SW 72 CT.
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

65-0696145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 300 SW 107 Ave

Suite, Apt. #, etc.

22 Suite 208

City & State

23 Miami FL

Zip

24 33174

Country

25 USA

2a. Mailing Address

26 300 SW 107 Ave

Suite, Apt. #, etc.

27 Suite 208

City & State

28 Miami FL

Zip

29 33174

Country

30 USA

9. Name and Address of Current Registered Agent

ALVAREZ, YANSSELI
1301 SW 72 CT.
MIAMI FL 33144

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
ALVAREZ, YANSSELI
STREET ADDRESS 1301 SW 72 CT.
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME PVST
ALVAREZ, YANSSELI
STREET ADDRESS 1301 SW 72 CT.
CITY-ST-ZIP MIAMI FL 33144

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ALVAREZ YANSSELI
1.3 STREET ADDRESS 300 SW 107 Ave #208
1.4 CITY-ST-ZIP MIAMI FL 33174

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ALVAREZ YANSSELI
2.3 STREET ADDRESS 300 SW 107 Ave #208
2.4 CITY-ST-ZIP MIAMI FL 33174

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

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

SIGNATURE: X Alvarez

1/19/98

2078745

CR2E034 (10/97)