PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086545

1. Corporation Name

ALLSTAR MEDICAL BILLING, CORP.

Principal	Place	of	Business	

717-PONCE DE LEON BLVD.

CORAL-GABLES FL 33134

717 PONCE DE LEON BLVD.

Mailing Address

CORAL-GABLES-FL 33134

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90024 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

2. Principal Prison of Business 2a. Mailing Address 2 20 1 / 10 5 5 5 70 / 10 5 10 10 10 10 10 10						10/21/1996			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Status Desired Status Des	2. Principal P	face of Business					Applied For		
22 O	21 200	INW 7ST	26 2001 N.W	75		65-0704796	Not Applicable		
City & State 23	Suite, Apt.								
Trust Fund Contribution	22 . 10.1	27 101			Fe	e-Required			
Zip					6. Election Campaign Financing \$5.00 May Be				
3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 4. Name and Address of New Registered Agent 5. Name and Address of New Registered 5. Name and Address of New Registered Agent 5. Name and Address of New Registered Agent 5. Name and Address of New Registered 5. Name and Address of New Registered Agent 5. Name and Address of New Registered 5. Name and Address of New Register	23 MIA					Trust Fund Contribution Add	ded to Fees		
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THE DARKE LINES FL 33134 TITE OGRAL GABLES FL 33134 10	CAR	CIAZAIDA		°'	Maille	CHELLE GIOUZALEZ			
CORAL CABLES FL 93194 B3				82	Street	Address (P.O. Box Number is Not Acceptable)			
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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 ap attachment with an address, with all other like empowered.