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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045073 (8)

DATAMED MEDICAL BILLING CORPORATION

**FILED** 

May 21 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					f 18841881 (18 1811) (201) Abili Baili Baili Abili Sida bili Abili 1888 1111 1881	
820 N. ATLANTIC AVE STE 7B P.O. BOX 320040						
COCOA BEACH FL 32931		COCOA BEACH I	COCOA BEACH FL 32932-0040			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/19/1997
2. Principal P	tace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number Applied For
21		26	26			593999965 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apl. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23	Country	28	Cour			Trust Fund Contribution Added to Fees
Zip 24	Country 25	Z(p	30	шу		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
241	Name and Address of Co		1301			10. Name and Address of New Registered Agent
SI	EVENS, KATHERINE S			81	Name	
	O N. ATLANTIC AVE., STE 7	'B	ļ.,	B2	Stroot An	Idress (P.O. Box Number is Not Acceptable)
	OCOA BEACH FL 32931			02	Sireet Au	luless (F.O. Box Number is Not Acceptable)
]	7007 DE 1011   E 0E001		[7	В3		
			-	84	City	■■ 85 Zip Code
				-	City	FL   S   Z   D   D   D   D   D   D   D   D   D
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida	Statutes, the ab	ove	-named co	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent la	<b>egistered agent, or notit, in the c</b> im <b>fa</b> miliar with, and accept the c	obligations of, Section <b>607.0</b> 5	e was authorized 505, Florida Statu	ites.	the corpor	ration's poard of directors. Thereby accept the appointment as registered
SIGNATURE						
Old Williams	Signature, typed or printed name of register			Ager	nt signature rec	quired when reinstaling) DATE
12.		S AND DIRECTORS  DELE	13. ETE 1.1 1111			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D OTENENS MATHERINE S	<del></del>	1.2 NAM		6	Stevens, Katherine S. Change Addition 320 N. Atlantic Ave., Ste 7B Cocoa Beach, FL 32931
NAME	STEVENS, KATHERINE S > P.O. BOX 320040	)			ADDRESS 3	220 N. Atlantic Ave. Ste7B
STREET ADDRESS	COCOA BEACH FL 3293	0.0040	1.3 STA		ADDRESS	1 . 0 2 Bus D K1 32931
CITY-ST-ZIP TITLE	OCCON DENOTITE DESC	DELE			1-211	Change Addition
NAME			2.2 NA)			
STREET ADDRESS			•		ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIE		1	
TITLE		DELE				Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 STR	REET ,	ADDRESS	
CITY-ST-ZIP			3.4. ÇIT	<u> </u>	T - ZIP	
TITLE		DELI	ETE 4.1 TIT(	E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	REFT	ADDRESS	
CITY-ST-ZIP			4.4 CIT		1 - ZIP	
TITLE		DELI	ETE 5,1 TIT	LE		Change Addition
NAME			5.2 NAI			
STREET ADDRESS			5.3 STR	REET A	ADDRESS	
CITY-ST-ZIP			5.4 CIT		1-2IP	
TITLE		☐ DELI				Change Addition
NAME			6.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	portific that the information areas	ical with this filing done not a	6.4 CIT		ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	centry that the information suppli on this annual report or supplici	ied with this hing does not d hental ahnual report is true a	uality for the exel and accurate and	i tha	atmy∤signa	ature shall have the same legal effect as if made under oath; that I am an
14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in section 1-19.07(5)(f), included statutes. Find the third the information indicated on this annual reports or supplied with this filling does not quality for the exemption of this annual reports study 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 this receiver of its steep empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter it, or on an attachment with an address.						