


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

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

05-06-1999 90052 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000045462			
1. Corporation Name D & D PROFESSIONAL MEDICAL BILLING SERVICES, INC			
Principal Place of Business 1716 W GRACE STREET TAMPA FL 33607 US		Mailing Address 1716 W GRACE STREET TAMPA FL 33607 US	
2. Principal Place of Business 21 1005 W. Arch St. Sui STE. # F 22 City & State Tampa, FL 23 Zip 33607 Country USA		2a. Mailing Address 26 P.O. Box 24477 27 Suite, Apt. #, etc. 28 City & State Tampa FL 29 Zip 33627 Country USA	
3. Date Incorporated or Qualified 05/19/1997		4. FEI Number 59-3447425	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. 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	PD	<input type="checkbox"/> DELETE	
NAME	DAVIS, ERIC L S		
STREET ADDRESS	1716 W GRACE STREET		
CITY-ST-ZIP	TAMPA FL 33607		
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