FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

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

Mailing Address

1716 W GRACE STREET

1716 W GRACE STREET

May 06, 1999 8:00 am Secretary of State

05-06-1999 90052 001 ***150.00



TAMPA FL. 338		TAMPA FL 33607					
US	US				DO NOT WRITE IN THIS SPACE		
1					3. Date Incorporated or Qualifed)
2 Deinaipol Di	lace of Business	On Mailing Address			05/19/1997 4. FEI Number		
21 /005	W. ARCh St.	2a. Mailing Address	144	77	59-3447425		oplied For ot Applicable
21 / 000 (Sui	W. ARCH SV	Suite, Apt, #, etc.	211				Additional
22	ste. <u># F</u>	27			5. Certificate of Status Desired	Fee Re	equired
City ox State	upa, Ft.	City & State 28 Aug P	F	_	- 11		May Be to Fees
Zíp	Country	Zip	Country	//	8. This corporation owes the current year Intangit	ole .	
24 33/00	0 + 25 July Spine	33627 30	0 7	21/15	Personal Property Tax.		No
. Name and Address of Current/Registered Agent							
DAVIS, ERIC L SR				81 Name			
1716 W GRACE STREET				Street	Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33607				}-			
• • • • • • • • • • • • • • • • • • • •			83				
			84	City	FL 80	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 tritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE	_		Change	Addition
NAME	DAVIS, ERIC L S		12 NAME	i			
STREET ADDRESS	1716 W GRACE STREET		1.3 STREE	TADDRESS			}
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME	Security		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADORESS			}
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STREET ADDRESS			4. 2 NAME 4.3 STREET	ADDDESS			
CITY-ST-ZIP			4.4 GITY-S	, l			{
TITLE		□ DELETE	5.1 TITLE	1-21-	<u> </u>	Change	Addition
NAME			5.2 NAME			·3-	
STREET ADDRESS			5.3 STREE1	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	ļ	_	-	
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP		į	6.4 C/TY-S1	r-Z)P			_

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 chapter 6, or on an attachment with an address, with all other like empowered.

SIGNATURE: