FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 CORPORATION FILED ARRUAL REPORT - 1999 99 HAY 19 PM 2:31 DOCUMENT # P97000049 311 STORENARY OF STATE WALLA HASSEE, FLORIDA Complete medical billing & Collection Services, Inc Print 1 15sce of Business Mailing Address 8940  $s\omega$ 56 24 Incorporated or Qualified FL 33165 miami 6/4/97 2. Piv. y.w Place of Business 2a. Mailing Address Applied For 65-0766665 Not Applicat 26 Sude Act # etc. \$8.75 Additional Sure, / pt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & Sive City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes the current year Intang ble 30] 125 Personal Property Tax С. 29 9. Name and Address of Current Registered Agent 18. Name and Address of New Registered Agent Maritza Machin Street Address (P.O. Box Number is Not Acceptable) 6850 Coral Way 1Suite 204 14 UN miami City 85 Zu Code 33155 19. Purchast forme provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of Cartery (1), is required of the corporation in board of directors. Thereby accept the appointment as registered agent or both, in the State of Florida, Such change was authorized by the corporation is board of directors. Thereby accept the obligations of Section 607 0505, Florida Statutes. SIGNA TE 54FE--are typed a private name of requirement opers and the I sputched ad from the parties actives supplied the contraction ADDITIONS/CHANGES TO OFFICERS AND CIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE A COME W. P/3/T maritza machin smetawes 8940 sw sa st 12 NAME nnoog2893**140--**0 -06/02/99--01084--039 I J STREET ADDRESS 33165 on n r 1 miami FL 14 C/TY \$1 23P \*\*\*\*150.00-#**\*\*\***150.00 C OELETE 2 t TTLE TIL. -12 NAME STREET ADON( 35 2.3 STREET ADDRESS 2 4 CITY - ST- 20 CTY-\$1-73 Change Accit DELETE 11 TITLE TITLE 000002893140---06/02/93--01084--040 32 NAME NAME 3.3 STREET ADDRESS STREET / 4 1 5 \*\*\*\*150.00 \*\*\*\*150.08 QTY - \$1- 20° 14 CITY \$7 2P DELETE [] A00 U. 4 1 TITLE TITLE. NAME 12NA 43 STREET ADDRESS STREET ADD: 1:4 CTY<u>-\$1-2₽</u> 4 + CITY - \$1 - 20 DELETE Change ☐ Acctor TITLE 51 TILE ---NAME 5.3 STREET ADDRESS 54 CITY - \$1 - ZIP ים זו יינס 6 I TILE Charge DELETE [] Add to TITLE 52 WHE NAME 43 STREET ADDRESS STREET / YOU'TES CTY-\$7-4 14. The refright that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Flonds Statutes. I further centry that the information indices to this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under orther that is an office or or director of the corporation or the receiver or inside empowered to execute this report as required by Chapter 637. Flonds Statutes, and that my rather than the Place of the composition of the corporation of the receiver of the composition o 64 CITY- \$7-2P

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Miami, May 13th 1999

To: Florida Department of State Annual Reports Filing Division of Corporations

Ref.: Complete Medical Billing & Collection

Services, Inc. EIN: 65-0766665

Anual Reports 1998 & 1999.

Sirs:

We are sending our checks number 1006 and 1007 for Annual Reports fees for 1998 and 1999. We did not know that our corporation was in an inactive status for not paying those fees.

We are a small company and we had to move two times since 1998 because of our bad financial situation and we haven't receive the forms for those two years. We had no operations at all yet, but we hope that we can start during 1999.

Now we are working with a mailing address in order that we can assure the receiving of such forms.

We will appreciate all the consideration that the Division of Corporations can have with us and reinstate our active status without paying the penalty.

This is very import for us due to our very weak financial situation.

Thanks,

very truly,

Maritza Machin President