

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

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000071365 (5)**

1. Corporation Name

BEHAVIORAL BILLING SYSTEMS, INC.



Principal Place of Business C/O LAW OFFICES OF RAUL J. SANCHEZ DE VARO 1333 S MIAMI AVE SUITE 303 MIAMI FL 33130	Mailing Address C/O LAW OFFICES OF RAUL J. SANCHEZ DE VARO 1333 S MIAMI AVE SUITE 303 MIAMI FL 33130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4649 Ponce de Leon Blvd Suite, Apt. #, etc. 22 Suite 400 City & State 23 Coral Gables, Florida Zip 24 33146		2a. Mailing Address 26 4649 Ponce de Leon Blvd Suite, Apt. #, etc. 27 Suite 400 City & State 28 Coral Gables, Florida Zip 29 33146		3. Date Incorporated or Qualified 08/18/1997	
		4. FEI Number 650649573		Applied For <input type="checkbox"/> Not Applicable	
		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	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SANCHEZ DE VARONA, RAUL J
1333 S MIAMI AVE
SUITE 100
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name SANCHEZ DE VARONA, RAUL J.
82 Street Address (P.O. Box Number is Not Acceptable) 4649 Ponce de Leon Blvd.
83 Suite 400
84 City CORAL GABLES, FL
85 Zip Code 33146

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

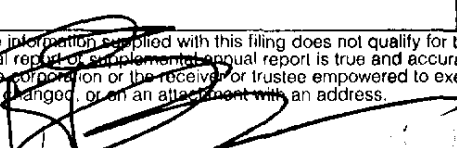
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANCHEZ DE VARONA, RAUL J		1.2 NAME Sanchez de Varona, Raul J.	
STREET ADDRESS 1333 S MIAMI AVE SUITE 303		1.3 STREET ADDRESS 4649 Ponce de Leon Blvd. Suite 400	
CITY-ST-ZIP MIAMI FL 33130		1.4 CITY-ST-ZIP Coral Gables, Florida 33146	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE:



2/20/98

CR2E034 (10/97)