Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90095 022 ***150.00

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 # P97000079027

 Corporation 	n Name						1					
SUNSHINE STATE BILLING SERVICES, INC.												
								U K erikadi ki a k a kki k alik di kki di kki ka kk	H I lene ieni ie			
Principal Place of Business Mailing Address								.,				
4210-7 FOWLER ST P.O. BOX 5434												
FT. MYERS FL 33901 KEY WEST FL 33901								DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed				
منته المراجعين والمحادث والمراجع المالية المراجعين والمراجع المراجع ال								09/11/1997			:	
Principal Place of Business 2a. Mailing Address								FEI Number		Applied	For	
21		26					1_	65-0783431		Not App	olicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired		5 Additi		
22 27			0, 0				ļ <u>.</u>			Require		
City & State			City & State				6.	Election Campaign Financing		May		
23	Country Zip			Cour	Country			Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible				
Zip					9			Personal Property Tax.	ntangible ☐ Yes	□N	o	
24 25 29 30 30 9. Name and Address of Current Registered Agent							10.	Name and Address of New Registere				
9. Name and Address of Current Registered Agent					81	Name						
CSC (CORPORATE AGENTS))	-	Chront Addre	(F	P.O. Box Number is Not Acceptable)	_			
1201 HAYS STREET					82	Street Addre	ess (F	O. Box Number is Not Acceptable)			1	
TALLAHASSEE FL 32301-2607				ļ	83						·	
				-		C.L.			95 7	ip Code		
					84	City				•		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was author 						-named corpo	ratio	n submits this statement for the purpose	of changing	its regis	stered	
l office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	OT FIGURE	a. Such change was au	tnonzea	DV I	ine corporatio	n's Do	oard of directors. I hereby accept the app	omunem as	registe	160	
SIGNATURE	, ,											
CIGNATORE	Signature, typed or printed name of registered age		``	<u> </u>	Agent	t signature required						
12.	OFFICERS AI	ND DIRE	CTORS DELETE	13.				ADDITIONS/CHANGES TO OFFICERS	AND DIREC		Addition	
TITLE	P WACHED WILL		□ DELETE	1,1 7(7)		ĺ		•	Crising	,	1,400,000	
NAME WAGNER, JILL				1.2 NAME 1.3 STREET ADDRESS							-	
STREET ADDRESS 3930 S. ROOSEVELT BLVD.												
C/TY-ST-ZIP					1.4 CITY-ST-ZIP 2.1 TITLE				Chang	ge [Addition	
TITLE				1	2.1 INLE 2.2 NAME				,	, _	_	
NAME						ADORESS					}	
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 City-St-ZiP					•			
CITY-ST-ZIP	☐ DELETE		3.1 TITLE			_		Chang	ge [] Addition		
NAME			•	3.2 NA								
STREET ADDRESS				4		ADDRESS .					ſ	
CITY-ST-ZIP				3.4. CF	TY-ST	T-ZIP					ĺ	
TITLE			☐ DELETE	4.1 TIT					☐ Chang)e 🗆	Addition	
NAME				4. 2 NA	ME							
STREET ADDRESS				4.3 ST	REET.	ADDRESS					1	
CITY-ST-ZIP				4.4 CIT	Y-ST	r-ziP						
TITLE			☐ DELETE	5.1 TIT	LE				☐ Chang	ge 🗀	Addition	
NAME				5.2 NA							İ	
STREET ADDRESS						ADDRESS					Ì	
CITY-ST-ZIP 😇				5.4 CIT		r-ZIP					1 1 4 4 4 2 2 2	
TITLE			☐ DELETE	- 6.1 TIT			٠. س	· · · · · · · · · · · · · · · · · · ·	Chang	ge <u>L</u>] Addition	
NAME				6.2 NA	ME						1	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP