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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum 🔭

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079837 (5)

L&B MEDICAL BILLING SERVICES, INC.

Principal Place of Business Mailing Address

17875 NORTHWEST 18TH AVENUE 17875 NORTHWEST 18TH AVENUE

**FILED** 

Jun 22 1998 8:00am

Secretary of State

17875 NORTHWEST 18TH AVENUE MIAMI FL 33056 MIAMI FL 33056 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1997 2. Principal Piace of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country B. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIRKLAND, LESLIE 17875 NORTHWEST 18TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAM! FL 33056** 83 R4 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or present numeral negletered agent and title diapsticable. (NOTI: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DIRECTOR ☐ DELETE Change Addition Leolic NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7/P 1.4 CITY-ST-7/P TITLE DELETE 2.1 FOLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP TITLE DELETE 4.1 TITL€ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-7IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CI1Y - S1 - ZIP TITLE DELETE 6.1 THUE Addition NAME 6.2 NAME -06/23/98--01087--0<u>0</u>1 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 607, or on an attachment with an address

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Principal Plac	o of Purinces	Mailan /	Addroce			
Principal Place of Business 17875 NORTHWEST 18TH AVENUE MIAMI FL 33056		Mailing Address 17875 NORTHWEST 18TH AVENUE MIAMI FL 33056				DO NOT WELTE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
2. Principal F	Piace of Business	2a. Mailir	ng Address			09/15/1997 4. FEI Number Applied For
21		26	.6]			65-0817798 Not Applicable
Suite, Apt	#, etc	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27	Clutu			Fee Hequired
City & Stat 23		28]	State	12 117 7 2 2 2 2	<u></u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Countr	у	8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Curre	29   Int Registered :	Agent	<u> </u> 30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	(IRKLAND, LESLIE			81	Name	10.
	17875 NORTHWEST 18TH AVEN	UE		82	Stroot Ac	ddress (P.O. Box Number is Not Acceptable)
	MAMI FL 33056	<del></del>				adress (7.5. Dox Multipor to Not Acceptable)
				83	·[	
•			84	City	FL 85 Zip Code	
office or I	registered agent, or both, in the Stat	e of Horida, Suc	thichange was	authorized b	ly the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	will familiar with, and accept the oblig					
12.	Signature: typied or protect name of negeticed as OFFICERS Af	ND DIRL CTORS		13.	рин зіднасле ге	guired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DIRECTOR:	DELETE 1.1 TI		1.1 TITLE		Change Addition
NAME	Leolic Kirkhad 117876 NW 18AUC 11		1.2 NAME			
STREET ADDRESS	17876 NW 184	<i>y</i> <u>.</u>		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33	056		1.4 CITY-	ST-7IP	
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TITLE	DELETE 5.11		5.1 TITLE		☐ Change ☐ Addition	
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STREET ADDRESS				· ·	1 ADDRESS	***150.00 / <b>U</b> ···
14. I hereby	L certify that the information supplied y	vith this filma da	es not qualify f	64 CITY-		in Section 119.07(3)(i). Florida Statutes, I further certify that the information

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