

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000095959 (7)**
1. Corporation Name

EMP MEDICAL BILLING, INC.

Principal Place of Business
**6735 W 26 DRIVE BLDG 5 #22
HIALEAH FL 33016**

Mailing Address
**6735 W 26 DRIVE BLDG 5 #22
HIALEAH FL 33016**

FILED
Aug 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1015 E 4 AVE		26 1015 E 4 AVE		11/10/1997	
22 Suite, Apt. #, etc. HIALEAH		27 Suite, Apt. #, etc. HIALEAH		4. FEI Number 65-0792681	
23 City & State FL		28 City & State FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33010		29 Zip 33010		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country		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				10. Name and Address of New Registered Agent	
VALES, MARTHA 6735 W 26 DRIVE BLDG 5 #22 HIALEAH FL 33016				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City FL 85 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	VALES, MARTHA		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6735 W 26 DRIVE BLDG 5 #22		1.2 NAME		
CITY-ST-ZIP	HIALEAH FL 33016		1.3 STREET ADDRESS		
TITLE	VO	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	PUNTES, LOURDES		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6735 W 26 DRIVE BLDG 5 #22		2.2 NAME		
CITY-ST-ZIP	HIALEAH FL 33016		2.3 STREET ADDRESS		
TITLE	SD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	EQUISQUIZA, JORGE E		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6735 W 26 DRIVE BLDG 5 #22		3.2 NAME		
CITY-ST-ZIP	HIALEAH FL 33016		3.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
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)(l), 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 in an attachment with an address.

SIGNATURE: **MARTHA VALES (PRESIDENT)** 8/5/98 (305) 985-23-24

CR2E034 (5/98)