

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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000102782 (4)

1. Corporation Name

FMH MEDICAL BILLING & COLLECTIONS, INC.



Principal Place of Business

479 NE 210TH CIRCLE TERRACE #103
MIAMI FL 33179

Mailing Address

479 NE 210TH CIRCLE TERRACE #103
MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 914 Lincoln St

Suite, Apt. #, etc.

22 City & State
23 Hollywood, Florida

24 Zip 33019 Country USA

2a. Mailing Address

26 PO Box 3091

Suite, Apt. #, etc.

27 City & State
28 Hallandale, FL

29 Zip 33008 Country USA

3. Date Incorporated or Qualified

12/04/1997

4. FEI Number

65-0800083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUSEMAN, FRANCINE M
479 NE 210TH CIRCLE TERRACE #103
MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name
Huseman, Francine M
82 Street Address (P.O. Box Number is Not Acceptable)
914 Lincoln St
83
84 City Hollywood FL 85 Zip Code 33019

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 Francine M. Huseman

Francine M. Huseman

4/20/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME HUSEMAN, FRANCINE M
STREET ADDRESS 479 NE 210TH CIRCLE TERRACE #103
CITY-ST-ZIP MIAMI FL 33179

TITLE VP
NAME HUSEMAN, FRANCINE M
STREET ADDRESS 479 NE 210TH CIRCLE TERRACE #103
CITY-ST-ZIP MIAMI FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 Francine M. Huseman

CR2E034 (10/97)