

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90012 002 ***150.00

DOCUMENT # P97000102782

1. Corporation Name

FMH MEDICAL BILLING & COLLECTIONS, INC.

Principal Place of Business

914 LINCOLN ST
HOLLYWOOD FL 33019
US

Mailing Address

P O BOX 3091
HALLANDALE FL 33008
US

DO NOT WRITE IN THIS SPACE

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 ☐

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 8486 154 CT N

Suite, Apt. #, etc.

22

City & State

23 Palm Bch Gardens, FL

Zip

24 33418

Country

25 USA

2a. Mailing Address

26 P.O. Box 2664

Suite, Apt. #, etc.

27

City & State

28 Jupiter FL

Zip

29 33468

Country

30 USA

9. Name and Address of Current Registered Agent

HUSEMAN, FRANCINE M
914 LINCOLN ST
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

Francine M. Huseman

82 Street Address (P.O. Box Number is Not Acceptable)

8486 154 CT N

83

84 City

Palm Bch Gardens

FL

85 Zip Code

33418

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 Huseman

3/11/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME HUSEMAN, FRANCINE M

STREET ADDRESS 479 NE 210TH CIRCLE TERRACE #103

CITY-ST-ZIP MIAMI FL 33179

TITLE VP ☐ DELETE

NAME HUSEMAN, FRANCINE M

STREET ADDRESS 479 NE 210TH CIRCLE TERRACE #103

CITY-ST-ZIP MIAMI FL 33179

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME Francine M. Huseman

1.3 STREET ADDRESS 8486 154 CT N

1.4 CITY-ST-ZIP Palm Bch Gardens, FL 33418

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME John P. Huseman

2.3 STREET ADDRESS 8486 154 CT N

2.4 CITY-ST-ZIP Palm Bch Gardens, FL 33418

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Francine Huseman

3/11/99

Date

561-743-7001

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

0373456