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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000103640 (3)

HEALTHCARE BILLING SYSTEMS, INC.

## **FILED** Feb 25 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |   |                                 |                                 | L LEGATION AND ANNIA CORFE CONTINUES OF A STATE CONTINUES OF STATE STATE CONTINUES OF STA |
|--|---|---------------------------------|---------------------------------|--|
|  | EWOOD AVE   | 2701 S RIDGEWOOD AVE            |                                 |  |
| \$ DAYTONA FL 32119 S DAYTONA FL 3   |   |                                 |                                 | DO NOT WRITE IN THIS SPACE   |
|  |   |                                 |                                 | 3. Date Incorporated or Qualified  |
| <u> </u>   |   |                                 |                                 | 12/08/1997   |
| 2. Principal Place of Business 2a. Mailing Address   |   |                                 |                                 | 4. FEI Number Applied For  |
| 21   |   | 26                              |                                 | 59 - 348 4 980 Not Applicable  |
| Suite, Apt.  | #, etc  | Suite, Apt. #, etc.             |                                 | 5. Certificate of Status Desired S8.75 Additional  |
| 22   |   | 27                              |                                 | Fee Required   |
| City & State   | O   | City & State                    |                                 | 6. Election Campaign Financing \$5.00 May Be   |
| 23   |   | [28]                            |                                 | Trust Fund Contribution  |
| Zip  | Country   | Zip                             | Country                         | 8. This corporation owes or has paid the current year Intangible   |
| 24   | 25<br>9. Name and Address of Curren   |                                 | 30                              | Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent  |
|  |   |                                 |                                 | IV. Hande and Address of New Helgistered Agent   |
| DUVA, CHARLES D 2701 S RIDGEWOOD AVE S DAYTONA FL 32119  |   |                                 |                                 |  |
|  |   |                                 | 62 Street Add                   | dress (P.O. Box Number is Not Acceptable)  |
| •  |   |                                 | 83                              |  |
|  |   |                                 |                                 |  |
|  |   |                                 | 84 City                         | FL 85 Zip Code   |
| 11. Pursuant to the provisions of Sections 607.05:02 and 607.1508, Florida Statutes, the above-named corporation |   |                                 |                                 | poration submits this statement for the nurrose of changing its registerer   |
| Office or r  | egistered agent, or both, in the State<br>im familiar with, and accept the obligi | of Florida. Such change was au  | uthorized by the corpora        | ation's board of directors. I hereby accept the appointment as registered  |
| SIGNATURE  |   |                                 |                                 |  |
| SIGNATURE  | Signature Typed or profest raine of registered age                                | int and their applicable (NOTE: | Registered Agent signature requ | uired when reinstating) DATE   |
| 12.  | OFFICERS ANI  |                                 | 13.                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| FITLE  | D D   | [_] DELETE                      | 1.1 TOLE                        | Change Addition  |
| NAME   | DUVA, CHARLES D   |                                 | 1.2 NAME                        |  |
| STREET ADDRESS   | 2701 S RIDGEWOOD AVE  |                                 | 1.3 STREET ADDRESS              |  |
| CITY-ST-ZIP<br>TITLE   | S DAYTONA FL 32119  | DELETE                          | 1.4 CITY+ST-ZIP<br>2.1 TITLE    | ☐ Change ☐ Additio   |
| NAME   | HUNT, OWEN R  |                                 | 2.1 TILE<br>2.2 NAME            | Clarige C Addition   |
| STREET ADDRESS   | 2701 S RIDGEWOOD AVE  |                                 | 2.2 NAME<br>2.3 STREET ADDRESS  |  |
| CITY-ST-ZIP  | S DAYTONA FL 32119  |                                 | 2. 4 CITY-ST-ZIP                |  |
| TITLE  | D   | DELETE                          | 3.1 T(TLE                       | ☐ Change ☐ Additio   |
| NAME   | KNIGHT, STEPHEN S   |                                 | 3.2 NAME                        |  |
| STREET ADORESS   | 2701 S RIDGEWOOD AVE  |                                 | 3.3 STREET ADDRESS              |  |
| CITY-ST-ZIP  | S DAYTONA FL 32119  |                                 | 3.4. CITY-ST-ZIP                |  |
| TITLE  | D   | DELETE                          | 4.1 TITLE                       | Change Addition  |
| NAME   | SAWKO, WILLIAM M  |                                 | 4. 2 NAME                       |  |
| STREET ADDRESS   | 2701 S RIDGEWOOD AVE  |                                 | 4.3 STREET ADDRESS              |  |
| CITY-ST-ZIP  | S DAYTONA FL 32119  |                                 | 4.4 CITY - ST - ZIP             |  |
| TITLE  | D   | ☐ DELETE                        | 5.1 TITLE                       | Change Addition  |
| NAME   | MARTON, PAUL C  |                                 | 52 NAME                         |  |
| STREET ADDRESS   | 2701 S RIDGEWOOD AVE  |                                 | 5 3 STREET ADDRESS              |  |
| CITY-ST-ZIP  | S DAYTONA FL 32119  |                                 | 5.4 CITY-ST-ZIP                 |  |
| TITLE  |   | DELETE                          | 6 1 TITLE                       | Change Addition  |
| NAME   |   |                                 | 6.2 NAME                        |  |
| STREET ADDRESS   |   |                                 | 6.3 STREET ADDRESS              |  |
| CITY-ST-ZIP  |   |                                 | 6.4 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 suppliemental 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

WILLIAM M SAWKO