

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90112 044 ***158.75

DOCUMENT # P98000019481

1. Corporation Name

PRACTICE START UP & BILLING GROUP, INC.



Principal Place of Business

3107 W. HALLENDALE BEACH BOULEVARD
SUITE 103
HALLENDALE FL 33009

Mailing Address

3107 W. HALLENDALE BEACH BOULEVARD
SUITE 103
HALLENDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1998

2. Principal Place of Business

2a. Mailing Address

21 17251 N.W. 6 STREET

26 17251 N.W. 6 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PEMBROKE PINES, FL

28 PEMBROKE PINES, FLORIDA

24 Zip Country

29 Zip Country

33029 USA

30 33029 USA

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, DWAYNE E
3107 W. HALLENDALE BEACH BOULEVARD
SUITE 103
HALLENDALE FL 33009

81 Name DENISE M. CANELA
82 Street Address (P.O. Box Number is Not Acceptable)
17251 N.W. 6 STREET
83
84 City PEMBROKE PINES FL 85 Zip Code 33029

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

DENISE M. CANELA

4/25/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME WHITE, DWAYNE E
STREET ADDRESS 9565 S.W. 24TH STREET, # H 105
CITY-ST-ZIP MIAMI FL 33165

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

TITLE D ☐ DELETE
NAME CANELA, DENISE M
STREET ADDRESS 17251 N.W. 6TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

2.1 TITLE PRESIDENT ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

DENISE M. CANELA

04/25/99

954-894-7331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)