PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000047343

PREMIER MEDICAL BILLING, INC.

Principal Place of Business 15331 N.W. 4TH STREET

Mailing Address

15331 N.W. 4TH STREET

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90098 020 ***150.00



	INES FL 33175				DO NOT W	RITE IN THIS	SPACE	
	•				3. Date incorporated or Qualifi	ed be		
					05/22/1998			
2. Principal 21	Place of Business	2a. Mailing Address			4. FEI Number		h 	optied For ot Applicable
Suite, Ap	t. #. etc	Suite, Apt. #, etc.					\$8.75	Additional
22		27	- -		5. Certifcate of Status Desired			equired
City & St	ate .	City & State			6. Election Campaign Financin	<u> </u>	\$5.00	May Be
23		28			Trust Fund Contribution	" □		to Fees
Zip	Country	Zip	Country		8. This corporation owes the co	urrent vear Int	tangible	
24	25	29	30		Personal Property Tax.		Yes	⊠No.
	9. Name and Address of Curren	t Registered Agent		•	10. Name and Address of New	v Registered	Agent	
			81	Name				
MARTINEZ, MARCIE				Cincol Add	And Add and Co. Co. Market and Add and			
15331 N.W. 4TH STREET			82	Street Address (P.O. Box Number is Not Acceptable)				
PE	MBROKE PINES FL 33175		83				······	
	•							
			84	City		FL	85 Zip	Code
11 Dummer	t to the provisions of Sections 607.0502	2 and 607 1509 Clasida Cinhan	a the observe	named co-	naming automity this statement for the		changing it-	mairiarad
office or	registered agent, or both, in the State of	of Florida. Such change was aut	thorized by	the corporati	ion's board of directors, I hereby acc	ept the appoi	ntment as re	gistered
agent. I	am familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.		·			
SIGNATURE		4.4						
	Signature, typed or printed name of registered agent			I signature require	ed when reinstating)	DATE	ID DIRECTO	
12.	Signature, typed or printed name of registered again OFFICERS AN	D DIRECTORS	13.	I algositure require	ed when reinstating) ADDITIONS/CHANGES TO C			
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5). 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 officer or director of the compration 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 charged, or on an attachment with an address, with all other like empowered. And Advantage Deningen