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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000047824

MD PROFESSIONAL BILLING SERVICES, INC.

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

04-26-1999 90134 026 \*\*\*150.00



Principal Place	e of Business		Mailing Address				1 1001100 110 10101					
12660 STATE ROAD 471 WEBSTER FL 33597			12660 STATE ROAD 471 WEBSTER FL 33597									
							DO NOT WRITE IN THIS SPACE					
						3. Date	l icorporated o	r Qualifed			ĺ	
						05/	27/1998					
2. Principal Place of Business			2a. Mailing Address				Number	- 0 -		Apı	lied For	
21		ĺ	26			50	7-356	1243	3	Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5 0	E	Desired	\$8	3.75 △	dditional		
22		ļ	27		s. Cen	ifcate of Status	Desired	J	Fee Re	uired		
City & State			City & State		6. Elec	ticn Campaign	inancing	, \$	5.00	May Be		
23			28			Trus	t Fund Contribu	tion		Added to Fees		
Zip	Count	ry	Zip	Cour	itry	8. This	corporation ow	es the current y	year Intangib	19/		
24	25	Ī	29	30		Pers	onal Property T	ax.		es	□No	
	9. Name and Addr	ess of Curren: R				10. Nan	ne and Address	of New Regi	stered Agen	t		
					81 Name	Saucio	GRIF	F16				
Jordan, Edward P II, ESQ					P2 Street	Address (DO B						
13543 EAST HIGHWAY 50			82 Street Ait			Andress (P.U. 8	idress (P.O. Bo; Number is Not Acceptable)					
CLERMONT FL 34711				F	83	_L ZV///	<u> </u>	7.00.77.20				
					84 City /	1)=R57	rep		FL 85	₹%	3°51	
11 Pursuant	to the provisions of 8 ar	tions/607/0500 a	nd 607 1508. Florida Statu	ites, the ab	ove-named	t corporation sub	m ts this statem	ent for the our		ging its	egistered	
office or n	egistered agent, of both	n, in the State of F	nd 607.1508, Florida Statu Florida. Such change was as of, Section 607.0505, Fl	authorized	by the corp	ooration's board o	of directors. I he	reby accept the	e appointmer	nt as rec	istered	
	St A / I	ent the obligation	is of, Section 607.0505, Fi	onda Statu	ies.				21/16V	ιλ		
SIGNATURE	Signature, typed or printed in	a d registered agen an	d title if applicable (NO)	F: Registered /	Agent signature	required when reinstati			DATE	V \		
12.		OFFICERS AND I	<del></del>	13.			TI ONS/CHANG	ES TO OFFICE	ERS AND DI	RECTO	RS IN 12	
TITLE	D		☐ DELETE	1.1 TITI		T				Change	☐ Addition	
NAME	GRIFFIS, DAVID			1.2 NA	AE.							
STREET ADDRESS	12660 STATE ROA	D 471			REET ADDRESS							
	WEBSTER FL 3359				Y-ST-ZIP							
CITY-ST-ZIP TITLE	WEDDIENTE GOOG		☐ DELETE	2,1 TIII		+				Change	Addition	
				2.2 NA					_	Ů	_	
NAME												
STREET ADDRESS					REET ADDRESS	?					[	
CITY-ST-ZIP		· · · -	DELETE	3.4 GI	Y-ST-ZIP	+				Change	Addition	
TITLE			בן טבנבור						υ,			
NAME				3.2 NAJ		.]						
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TITLE			☐ DELETE	4.1 TM					□'	orianige.	☐ varianti)	
NAME				4. 2 NA								
STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·	4.3 STF	REET ADDRESS	·						
CITY-ST-ZIP	-			_	Y-ST-ZIP	<del> </del>				<u>^</u>		
TITLE			☐ DELETE	5.1 TfT					<u></u> '	Change	☐ Addition	
NAME				5.2 NAJ		.]						
STREET ADDRESS				•	REET ADDRESS	3					ĺ	
CITY-ST-ZIP			<u>885 <u>%</u></u>		Y-ST-ZIP	<b>_</b>				-		
TITLE			DELETE	6.1 TIT						Change	☐ Addition	
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 STF	REET ADDRESS	5						
CITY-ST-ZIP				6.4 CIT	Y-ST-ZIP							

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0"(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 of the receiver or trustee empewered to execute this report as required by Chapter 607. Florida Statutes; and the my name appears in Block 12 or Block 13 if changed or on an attaction of the corporation of the corpo

SIGNATURE: 2