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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90116 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000060406

1. Corporation Name

ON-TIME MEDICAL BILLING SERVICE, INC.



Principal Place of Business

3600 S. STATE ROAD 7
SUITE 234
MIRAMAR FL 33023

Mailing Address

3600 S. STATE ROAD 7
SUITE 234
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0880121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 2126 A Hollywood Blvd
Suite, Apt. #, etc.

2a. Mailing Address

21 2126 A Hollywood Blvd
Suite, Apt. #, etc.

22 City & State

23 Hollywood, FL
Zip Country

24 33020 25 Broward

27 City & State

28 Hollywood, FL
Zip Country

29 33020 30 Broward

9. Name and Address of Current Registered Agent

PHILLIP, SHARRON K
3600 S. STATE ROAD 7
SUITE 234
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name

Sharron K Phillip

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

2126 A Hollywood Blvd

83

84 City

Hollywood

FL

85 Zip Code

33020

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIP, SHARRON K	
STREET ADDRESS	3600 S. STATE ROAD 7, SUITE 234	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIP, ROBERT K	
STREET ADDRESS	3600 S. STATE ROAD 7, SUITE 234	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	ELIOT KERR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHARRON PHILLIP	
1.3 STREET ADDRESS	2126 A Hollywood Blvd	
1.4 CITY-ST-ZIP	Hollywood, FL 33020	
2.1 TITLE	Phillip, Robert W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2126 A Hollywood Blvd	
2.3 STREET ADDRESS	Hollywood FL 33020	
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELIOT KERR	
3.3 STREET ADDRESS	3600 S. State Rd 7 Ste 234	
3.4 CITY-ST-ZIP	Miramar FL 33023	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

Daytime Phone #

954-922-8298

CR2E034 (1/198)