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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000088169

1. Corporation Name

PHYSICIANS BILLING RESOURCES, INC.

Principal Place of Business

POST OFFICE BOX 1990
 CAPE CANAVERAL FL 32920-1990

Mailing Address

POST OFFICE BOX 1990
 CAPE CANAVERAL FL 32920-1990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/14/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		593537027	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
SCHAEFER, JANET M 485 PARKSIDE AVENUE MERRITT ISLAND FL 32953				<input type="checkbox"/> \$8.75 Additional <input type="checkbox"/> Fee Required.	
← Same Person just Name changed →				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be <input checked="" type="checkbox"/> No Personal Property Tax.	
10. Name and Address of New Registered Agent				8. This corporation owes the current year's	
81 Name JANET M. SEBASTIAN 82 Street Address (P.O. Box Number is Not Acceptable) 485 Parkside Ave 83 84 City Merritt Island FL 85 Zip Code 32953				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 JANET M. SEBASTIAN (NOTE: Registered agent signature required when reappointing) DATE 4/9/99					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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

Date

Daytime Phone #

CR2E034 (1/1/98)