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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 # P98000092653

1. Corporation Name

NAPLES MEDICAL BILLING SOLUTIONS, INCORPORATED

Principal Place of Business

260 JUNG BLVD E
NAPLES FL 34120

Mailing Address

260 JUNG BLVD E
NAPLES FL 34120

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 260 Jung Blvd E		26 260 Jung Blvd E		10/30/1998	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number	
22		27		59-3540458	
City & State		City & State		Applied For	
23 Naples FL		28 Naples FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34120		29 34120		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 Collier		30 Collier		Trust Fund Contribution	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
RIVES, JENNIFER L		81 Name Jennifer L. Rives			
260 JUNG BLVD E		82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34120		260 Jung Blvd E			
		83			
		84 City Naples FL			
		85 Zip Code 34120			

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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/CEO	1.1 TITLE	
NAME	Jennifer Rives	1.2 NAME	
STREET ADDRESS	260 Jung Blvd N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34120	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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:

Jennifer L. Rives
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 2/9/99
 Daytime Phone # (941) 455-1958

CR2E034 (11/98)