

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0028789

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 JUL 15 PM 2:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000094559
 1. Corporation Name
FLORIDA MEDICAL BILLING MANAGEMENT, INC.



Principal Place of Business 2470 SOUTHEAST 11TH STREET POMPANO BEACH FL 33062	Mailing Address 2470 SOUTHEAST 11TH STREET POMPANO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 11/09/1998	Applied For Not Applicable
4. FEI Number 105-0873891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
 81 Name **SAMANTHA LAPATRA**
 82 Street Address (P.O. Box Number is Not Acceptable)
2470 SE 11th Street
 83 **Pompano Beach**
 84 City
 85 Zip Code **FL 33062**

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 *Samantha J. Lapatra* (SAMANTHA LAPATRA) 7-9-99
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAPATRA, SAMANTHA 2470 SOUTHEAST 11TH STREET POMPANO BEACH FL 33062	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002937022-6 -07/21/99--01003--012 *****150.00 *****150.00
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
 SIGNATURE: *Samantha J. Lapatra* 7-9-99
 954-784-1260 (954) 52-8660

CR2E034 (5/99)

7/15/99



**TOWN & COUNTRY TITLE
GUARANTY & ESCROW**

July 7, 1999

Division of Corporations
Attn: Kristen Eskel
PO Box 6327
Tallahassee, FL 32314

Dear Mrs. Eskel:

I appreciate your help over the phone in regards to the lost annual return for Florida Medical Billing Management, Inc. As we discussed this return was sent in with other Corporate Annual Returns and it seems it was lost somehow.

Thank you for allowing me to still file this Annual Return for the normal \$150.00 Fee.

Sincerely,

Paul Guitard
President
Town & Country Title
Guaranty & Escrow

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