

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/09/1998

4. FEI Number  
105-0873891

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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 FL 85 Zip Code 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME LAPATRA, SAMANTHA  
STREET ADDRESS 2470 SOUTHEAST 11TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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.

SIGNATURE Samantha J. LaPatra

7-9-99 954-789-1200 (454) 52-8660

FILED

62 JUL 15 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



0026769

CR2E034 (5/99)



**TOWN & COUNTRY TITLE  
GUARANTY & ESCROW**

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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

sli