

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State

Office of the Secretary of State

55 MAY 11 1995 9:37

DOCUMENT # **S15315**

(2)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL-MED BILLING SERVICES, INC.

Principal Place of Business: **15082 SOUTHWEST 69TH STREET
MIAMI FL 33193**
Mailing Address: **15082 SOUTHWEST 69TH STREET
MIAMI FL 33193**

DO NOT WRITE IN THIS SPACE

3. Date first organized or qualified 11/26/1990	3a. Date of Last Report 04/07/1994
4. Filer Number 65-0229014	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. Filer is a resident of Florida ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANAYA, LOURDES
15082 SOUTHWEST 69TH STREET
MIAMI FL 33193**

81. Name	
82. Street Address, if P.O. Box Number is Not Applicable	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of the laws of the State of Florida relating to the filing of the annual report of a corporation, the undersigned, being a duly qualified and authorized officer or registered agent of the corporation, hereby certifies that the foregoing information is true and correct, and that the corporation is in good standing with the State of Florida.

SIGNATURE

OFFICER, DIRECTOR, SECRETARY, OR TREASURER

By the Secretary of State, Office of the Secretary of State

12. OFFICERS, DIRECTORS, SECRETARY, OR TREASURER	13. ADDITIONAL INFORMATION
NAME: D ANAYA, LOURDES	1. Name
STREET ADDRESS: 15082 S.W. 69TH STREET	2. Name
CITY: MIAMI FL	3. Name
NAME:	4. Name
STREET ADDRESS:	5. Name
CITY:	6. Name
NAME:	7. Name
STREET ADDRESS:	8. Name
CITY:	9. Name
NAME:	10. Name
STREET ADDRESS:	11. Name
CITY:	12. Name
NAME:	13. Name
STREET ADDRESS:	14. Name
CITY:	15. Name
NAME:	16. Name
STREET ADDRESS:	17. Name
CITY:	18. Name
NAME:	19. Name
STREET ADDRESS:	20. Name
CITY:	21. Name

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.02(1)(b), Florida Statutes. I further certify that this information is not used for the annual report or supplemental annual report by the State and is not a part of the public records of the State and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the treasurer or trustee empowered to execute this report as required by Chapter 130, Florida Statutes, and that my signature appears in Block 12 of this report. If changed, or to be attached with an affidavit.

SIGNATURE:

Louise Anaya Lourdes Anaya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (305) 382-7117