FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # \$32018 (1)BILL-TECH MEDICAL SERVICES, INC. Principal Place of Business Mailing Address 8980 S.W. 87 CT, R-21 8980 S.W. 87 CT. R-21 PO BOX 83-1808 POST OFFICE BOX 16-1305 MIAMI FL 33283-1808 MIAMI FL 33176 3. Date incorporated or Qualified 34. Date of Last Report 02/13/1991 05/01/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 8960 SW 87 65-0247182 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name GARCIA. SUSANA M. 8960 S.W. 87 COURT Street Address (P.O. Box Number is Not Acceptable) 82 STE. 21 83 MIAMI FL 33176 City 84 Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE 1.1 YITLE Change TITLE GARCIA, SUSANA M. NAME 1.2 NAME 7122 SW 132 PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33183** CITY - \$1 - 7/P 1.4 CITY-ST-ZIP DELETE Addition Change TIRLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST-ZIP DELETE 3.1 TITLE Change Addition THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition HILE 41 TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-SI-ZIF Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that by trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my necessary.

SIGNATURE:

I am an officer or director of the appears in Block 12 or Block 1

14. I do hereby certify that the information supplied with this file information indicated on this annual report or supplemental

CITY-S1-ZIP

TATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

orporation or the rec

279-1020 Daytime Phone #

FILED

May 12 1997 8:00am

Secretary of State

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