


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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morikam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S45189** (5)  
1. Corporation Name  
**HOSPITAL BILLING AUDITORS, INC.**

Principal Place of Business  
**1701 CLOWER CREEK DR T 163  
SARASOTA FL 34231**

Mailing Address  
**1701 CLOWER CREEK DR T 163  
SARASOTA FL 34231**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>12323 TALL PINE WAY</b> Suite, Apt. #, etc. 22 <b>BRADENTON, FL</b> City & State 23 <b>34202</b> <b>USA</b> Zip Country 24 Zip 25 Country		2a. Mailing Address 26 <b>SAME</b> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country		3. Date Incorporated or Qualified <b>04/11/1991</b>	
		4. FEI Number <b>65-0267568</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SMITH, VIRGINIA L. 1701 CLOWER CREEK DR T163 SARASOTA FL 34231</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
SD	SMITH, VIRGINIA L.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1701 CLOWER CREEK DR		1.3 STREET ADDRESS	
SARASOTA FL		1.4 CITY - ST - ZIP	
PD	SMITH, PETER, M	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1701 CLOWER CREEK DR		2.2 NAME	
SARASOTA FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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: **V. SMITH** 4-22-98 941-752-4294

CR2E034 (1097)