FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S51860** **(2)**

1. Corporation Name

DOCTORS BILLING SERVICE OF SOUTH FLORIDA, INC.

Principal Place of Business

7385 SW 87TH AVENUE
SUITE 200
MIAMI FL 33173-3565
US

Mailing Address

7385 SW 87 AVE
#200
MIAMI FL 33173-3565
US

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/13/1991

3a. Date of Last Report: 03/21/1995

4. FEI Number: 65-0260806 — 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 has labels, for intangible tax under s. 193.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MATZ, EVAN S.
10301 S.W. 122ND ST.
MIAMI FL 33176-4713

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1008, 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

12. OFFICERS AND DIRECTORS

TITLE	VTD	[ ] DELETE
NAME	MATZ, EVAN	
STREET ADDRESS	10301 SW 122ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PSD	[ ] DELETE
NAME	MATZ, BARRY	
STREET ADDRESS	8651 SW 82ND COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, and to the best of my knowledge, is true and correct. I further certify 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 above or on an attached sheet with an asterisk.

SIGNATURE: Pres. BARRY MATZ 4/5/96 305-274-4575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)