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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S51860

1. Corporation Name

DOCTORS BILLING SERVICE OF SOUTH FLORIDA, INC.

Principal Place of Business

~~7005 SW 87TH AVENUE
SUITE 200~~

~~MIAMI FL 33179-3505
US~~

Mailing Address

~~7385 SW 87 AVE
#200~~

~~MIAMI FL 33179-3505
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1991

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 owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 9400 S. Dadeland Blvd.

Suite, Apt. #, etc.

22 Suite 620

City & State

23 Miami, FL

Zip

24 33156

Country

25 USA

2a. Mailing Address

27 Same

Suite, Apt. #, etc.

28

City & State

29

Zip

30

Country

31

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 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)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE

VTD

NAME

MATZ, EVAN

STREET ADDRESS

10301 SW 122ND STREET

CITY-ST-ZIP

MIAMI FL

TITLE

PSD

NAME

MATZ, BARRY

STREET ADDRESS

8651 SW 82ND COURT

CITY-ST-ZIP

MIAMI FL

TITLE

DELETE

NAME

DELETE

STREET ADDRESS

DELETE

CITY-ST-ZIP

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TITLE

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TITLE

DELETE

NAME

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STREET ADDRESS

DELETE

CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/99 305-702-7300

CR2E034 (11/98)