

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB -8 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64982

(9)

1. Corporation Name

AGS MEDICAL BILLING, INC.

800001403208
-02/10/95--01057--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

5510 RIVER ROAD
#202
NEW PORT RICHEY FL 34652

Mailing Address

5510 RIVER ROAD
#202
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified
07/03/1991

3a. Date of Last Report
02/25/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-3076040

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 liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPENCER, JAMES D
5510 RIVER RD SUITE 200
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

Sue E. Mullins

82 Street Address

5510 River Rd, #202

83

AGS Medical Billing, Inc.

84 City

New Port Richey

FL

85 Zip Code

34652

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

Sue E. Mullins

(NOTE: Registered Agent signature required when constituting)

2/1/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

DST

NAME

MULLINS, SUE E.

STREET ADDRESS

8141 AQUILA ST #336

CITY - ST - ZIP

PORT RICHEY FL

TITLE

D

NAME

LINEBACK, VIRGINIA S.

STREET ADDRESS

1575 OCEANSHORE BV#604-5

CITY - ST - ZIP

ORMOND BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Sue E. Mullins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95

(813) 842-3106