

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 # **S64982** (9)

1. Corporation Name

AGS MEDICAL BILLING, INC.



Principal Place of Business

Mailing Address

**5510 RIVER ROAD
#202
NEW PORT RICHEY FL 34652**

**5510 RIVER ROAD
#202
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified
07/03/1991

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 **5713 Gulf Drive**
Suite, Apt. #, etc.

26 **5713 Gulf Drive**
Suite, Apt. #, etc.

4. FEI Number
59-3076040

Applied For
Not Applicable

22 City & State
New Port Richey, Fl.

27 City & State
New Port Richey, Fl.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country
34652

28 Zip Country
34652

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MULLINS, SUE E
5510 RIVER RD SUITE 200
AGS MEDICAL BILLING INC.
NEW PORT RICHEY FL 34652**

81 Name
SOTO, EDWIN D.
82 Street Address (P.O. Box Number is Not Acceptable)
5713 Gulf Drive
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

Edwin D. Soto
Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MULLINS, SUE E.
8141 AQUILA ST #336
PORT RICHEY FL** ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**Director/President
SOTO, EDWIN D.
5212 Fenian Drive
Spring Hill, Florida 34609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINEBACK, VIRGINIA S.
1575 OCEANSHORE BV#604-5
ORMOND BEACH FL** ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**Director/V. Pres./Sec/Treas
VERGE, PEDRO J.
10367 Locker Drive
Spring Hill, Florida 34608** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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)(k), 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:

Edwin D. Soto
Signature and typed or printed name of signing officer or director

EDWIN D. SOTO

(813)842-3106

Date

Daytime Phone #

CR2E034 (12/95)