

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

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** 26 **5713 Gulf Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State 27
23 **New Port Richey, Fl.** 28 **New Port Richey, Fl.**
Zip Country 29 **34652** 30

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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DST <input type="checkbox"/> DELETE
NAME	MULLINS, SUE E.
STREET ADDRESS	8141 AQUILA ST #336
CITY-ST-ZIP	PORT RICHEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LINEBACK, VIRGINIA S.
STREET ADDRESS	1575 OCEANSHORE BV#604-5
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SOTO, EDWIN D.
1.3 STREET ADDRESS	5212 Fenian Drive
1.4 CITY-ST-ZIP	Spring Hill, Florida 34609
2.1 TITLE	Director/V. Pres./Sec./Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VERGE, PEDRO J.
2.3 STREET ADDRESS	10367 Locker Drive
2.4 CITY-ST-ZIP	Spring Hill, Florida 34608
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 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* **EDWIN D. SOTO** (813)842-3106
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)