SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V14851 (2)

1. Corporation Name

MEDICAL BILLING AND COLLECTIONS, INC.

Principal Place of Business	Mailing Address
PO BOX 21444 TAMPA FL 33622-1444 US	PO BOX 21444 TAMPA FL 33622-1444 US

3. Date Incorporated or Qualified **02/18/1992**	**3a.** Date of Last Report **05/01/1995**	

2. Principal Place of Business [21]		**2a.** Mailing Address [26]		**4.** FEI Number **59-3108012**	Applied For / Not Applicable
Suite, Apt #, etc [22]		Suite, Apt #, etc. [27]		**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State [23]		City & State [28]		**6.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip [24]	Country [25]	Zip [29]	Country [30]	**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
ANDREE, WILLIAM 4701 32ND AVE NO ST PETERSBURG FL 33713	[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's signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** NAME **ANDREE, WILLIAM H.** STREET ADDRESS **4701 32ND AVE NO** CITY-ST-ZIP **ST PETERSBURG FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ 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

CR2E034 (3/96)

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _William Andree, CEO_   6/6/96   (813) 891-9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #