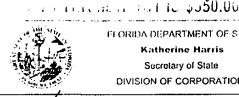
PROFIT CORPORATION ANNUAL REPORT



SMART-MEDICAL BILLING SERVICES, INC

9. Name and Address of Current Registered Agent

5750 Collins Ave. Apt 6H

GUERRERO, ELVIRA

Miami Beach, Fl

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Secretary of State 05-17-1999 90001 017 ***150.00

10. Name and Address of New Registered Agent

Name ELVIRA GUERRERO

Street Address (P.O. Box Number is Not Acceptable) 8433 W. Okeechobee Rd

Second Floor Suite D

= :::

May 17, 1999 8:00 am

1999

DOCUMENT # 1. Corporation Name

Principal Place of Business Mailing Address 8433 W. OKEECHOBEE ROAD 8433 W. OKEECHOBEE ROAD 2ND FLOOR 2ND FLOOR DO NOT WRITE IN THIS SPACE HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 = :::: 3. Date Incorporated or Qualifed 03-05-1992 4. FEI Number Principal Place of Business 2a. Mailing Address Applied For 65-0319383 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country 210 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. ☐ Yes 24

84 85 33016 FL Hialeah Gardens 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.

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83

ELVIRA GUERRERD 210 ulsi. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE GUERRERO, ELVIRA 1.2 NAME NAKI = 75 8433 W OKEECHOBEE RD, 2ND FLOOR 1.J STREET ADDRESS STREET ACTIVITIES HIALEAH GARDENS FL 1.4 CITY-ST-ZIP CHYSU, II [] Addard ≡ ⊞ 1:7: 6 DELETE 2.1 TITLE [] Change 2.2 NAME AAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY STUZIE DELETE [] Change FILLE 3.1 TITLE 3.2 NAME HAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP Addition DELETE TRUE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZP Additio [] DELETE 5 1 TITLE 1:1:E 5.2 NAME I.AI.SE 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP [Addition = DELETE 6.1 TITLE . [] Change 62 NAME 2,455 6.3 STREET ADDRESS STREET ADDRESS

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 attach of the corporation of 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 attach of the corporation 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

6.4 CITY-ST-ZIP

2175 - ST- 2IP

99 305-828-6077

■ is.