

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V27486** (2)

1. Corporation Name

ELECTRONIC MEDICAL BILLINGS, INC.



Principal Place of Business

**7380 WEST 20TH AVENUE
#102
HIALEAH FL 33016**

Mailing Address

**7380 WEST 20TH AVENUE
#102
HIALEAH FL 33016**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
04/09/1992

3a. Date of Last Report
05/12/1995

4. FEI Number

65-0525200

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

**GARCIA, PEDRO
8220 NW 154TH TERRACE
MIAMI LAKES FL 33016**

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 607.0602 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, Sections 607.0605, Florida Statutes.

SIGNATURE

Separate signed original must be filed with the Main Report.

(NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME **D GARCIA, PEDRO**
STREET ADDRESS **7880 W. 20TH AVENUE, BAY #28**
CITY-STATE-ZIP **HIALEAH FL 33016**

11.2 TITLE ☐ DELETE

NAME **V GARCIA, MARIA DE LOS A**
STREET ADDRESS **8220 NW 154 TERRACE**
CITY-STATE-ZIP **MIAMI LAKES FL 33016**

11.3 TITLE ☐ DELETE

NAME **ST GARCIA, DEYANIRE M**
STREET ADDRESS **8220 NW 154TH TERRACE**
CITY-STATE-ZIP **MIAMI LAKES FL 33016**

11.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

**ST GARCIA DEYANIRE M.
6701 COLLINS AVE #914
MIAMI BEACH, FL 33140**

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, unchanged, or on an attachment with an address.

SIGNATURE:

PEDRO GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 (305) 826 6639

Date Daytime Phone #

CR2E034 (12/95)