

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V30199** (6)  
1. Corporation Name  
**HEALTHCARE BILLING ASSOCIATES, INC.**

Principal Place of Business <b>16310-2 US 19 SUITE 2 HUDSON FL 34667 US</b>	Mailing Address <b>16310-2 US 19 SUITE 2 HUDSON FL 34667 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 15120 County Line Rd</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Spring Hill, FL</b> Zip Country <b>24 34610 Pasco</b>		2a. Mailing Address <b>26 15120 County Line Rd.</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Spring Hill, FL</b> Zip Country <b>29 34610 Pasco</b>		3. Date Incorporated or Qualified <b>04/15/1992</b>	
		4. FEI Number <b>59-3129471</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ROSAS, GREGORY 16310-2 U.S. 19 SUITE #2 HUDSON FL 34667</b>		10. Name and Address of New Registered Agent <b>81 Name La Chan Knowles 82 Street Address (P.O. Box Number is Not Acceptable) 15120 County Line Rd. 83 84 City Spring Hill, FL 85 Zip Code 34610</b>	
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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 La Chan Knowles **La Chan Knowles** **4/27/98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>12202-1 Wind River Lane</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSAS, GREGORY</b>		1.2 NAME	
STREET ADDRESS <b>7207 FORESTEDGE COURT</b>		1.3 STREET ADDRESS <b>Hudson, FL 34667</b>	
CITY-ST-ZIP <b>NEW PORT RICHEY FL 34655</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>3412 Jamaia Wood Way</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KNOWLES, LA CHAN</b>		2.2 NAME	
STREET ADDRESS <b>3401 N. LAKEVIEW DR. #308</b>		2.3 STREET ADDRESS <b>Tampa, FL 33618</b>	
CITY-ST-ZIP <b>TAMPA FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KNOWLES, LA CHAN</b>		3.2 NAME	
STREET ADDRESS <b>3401 N. LAKEVIEW DR. #308</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSAS, GREGORY</b>		4.2 NAME	
STREET ADDRESS <b>7207 FORESTEDGE CT.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE La Chan Knowles **La Chan Knowles** **4/27/98** (813) 379-0202

CP2E034 (10/97)