

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90225 050 ***150.00

0500734

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V30199
 1. Corporation Name
HEALTHCARE BILLING ASSOCIATES, INC.



Principal Place of Business 15120 COUNTY LINE ROAD SPRING HILL FL 34610 US	Mailing Address 15120 COUNTY LINE ROAD SPRING HILL FL 34160 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1992

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
--	--

4. FEI Number 59-3129471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KNOWLES, LA CHAN
15120 COUNTY LINE ROAD
SPRING HILL FL 34610

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS, GREGORY	1.2 NAME	
STREET ADDRESS	12202-1 WIND RIVER LANE	1.3 STREET ADDRESS	3670 Trophy Blvd
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	New Port Richey, FL 34655
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, LA CHAN	2.2 NAME	
STREET ADDRESS	3412 JAMAIS WOOD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, LA CHAN	3.2 NAME	
STREET ADDRESS	3401 N. LAKEVIEW DR. #306	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSAS, GREGORY	4.2 NAME	
STREET ADDRESS	7207 FORESTESE CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	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, with all other like empowered.

SIGNATURE: LaChan Knowles LaChan Knowles 5/7/99 (727)379-0202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)