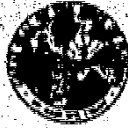


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # V55324 (0)**

1. Corporation Name

SARASOTA PHYSICIAN BILLING SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/24/1992 3a. Date of Last Report
02/16/19944. FEI Number
65-0361175 Applied For
Not Applicable5. 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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEA, JOHN J JR
1819 MAIN STREET
SUITE 1100
SARASOTA FL 34236**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV**
NAME **SALEM, MARIO**
STREET ADDRESS **1300 DIXIE LEE LN**
CITY - ST - ZIP **SARASOTA FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**DV** ☒ Change ☐ Addition
NUTTER, THOMAS G
1326 QUAIL DR
SARASOTA, FL. 34231TITLE **D**
NAME **CRUZ, OSVALDO**
STREET ADDRESS **1436 S LAKESHORE DR**
CITY - ST - ZIP **SARASOTA FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE **DT**
NAME **SALINAS, RAFAEL**
STREET ADDRESS **5880 TIDEWOOD**
CITY - ST - ZIP **SARASOTA FL**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**DT** ☒ Change ☐ Addition
DRAPER, JOSEPH W.
832 FREELING DR
SARASOTA, FL 34242TITLE **D**
NAME **NUTTER, THOMAS G**
STREET ADDRESS **1326 QUAIL DR**
CITY - ST - ZIP **SARASOTA FL**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**DS** ☒ Change ☐ Addition
SALINAS, RAFAEL
5880 TIDEWOOD
SARASOTA, FL. 34231TITLE **DP**
NAME **MALLOY, WILLIAM F**
STREET ADDRESS **1317 S LAKESHORE DR**
CITY - ST - ZIP **SARASOTA FL**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE **D**
NAME **STEVENSON, ARTHUR J**
STREET ADDRESS **3934 COUNTRY VIEW DR**
CITY - ST - ZIP **SARASOTA FL**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP☐ Change ☐ Addition

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)(b), 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:

WILLIAM F. MALLOY, JR.

4/27/95

813-366-2360

Date

Telephone