FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

Principal Place of Business	Mailing Address
1261 S TAMIAMI TRAIL SARASOTA FL 34239	1261 S TAMIAMI TRAIL SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1992
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0361175 ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	~~SALEM, MARIO~~	1.2 NAME	NUTTER, THOMAS G	
STREET ADDRESS	~~1300 DIXIE LEE LN~~	1.3 STREET ADDRESS	1326 QUAIL DR	
CITY-ST-ZIP	~~SARASOTA FL~~	1.4 CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	CRUZ, OSVALDO	2.2 NAME		
STREET ADDRESS	1436 S LAKESHORE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	DT	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	~~GALINAS, RAFAEL~~	3.2 NAME	DRAPER, JOSEPH W.	
STREET ADDRESS	~~5880 TIDEWOOD~~	3.3 STREET ADDRESS	832 FREELING DR	
CITY-ST-ZIP	~~SARASOTA FL~~	3.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	D	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	~~NUTTER, THOMAS G~~	4.2 NAME	SALINAS, RAFAEL	
STREET ADDRESS	~~1326 QUAIL DR~~	4.3 STREET ADDRESS	5880 TIDEWOOD	
CITY-ST-ZIP	~~SARASOTA FL~~	4.4 CITY-ST-ZIP	SARASOTA, FL. 34231	
TITLE	DP	5.1 TITLE		☐ Change ☐ Addition
NAME	MALLOY, WILLIAM F	5.2 NAME		
STREET ADDRESS	1317 S LAKESHORE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	STEVENSON, ARTHUR J	6.2 NAME		
STREET ADDRESS	3934 COUNTRY VIEW DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP		

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)(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: WILLIAM F MALLOY, MD. 4/27/95 813-366-2360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0348478 CP