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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V55324 (0)

1. Corporation Name  
SARASOTA PHYSICIAN BILLING SERVICES, INC.

Principal Place of Business  
1261 S TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address  
1261 S TAMiami TRAIL  
SARASOTA FL 34239-2221



3. Date Incorporated or Qualified 07/24/1992 3a. Date of Last Report 02/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

65-0361175

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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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 SHEA, JOHN J JR

82 Street Address (P.O. Box Number is Not Acceptable)  
630 SOUTH ORANGE

83

84 City SARASOTA

FL

85 Zip Code 34236

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 ~~DP~~ ☐ DELETE  
NAME NUTTER, THOMAS G.  
STREET ADDRESS 1326 QUAIL DR.  
CITY - ST - ZIP SARASOTA FL

11 TITLE P ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE ~~D~~ ☐ DELETE  
NAME MINDLIN, LEONARD  
STREET ADDRESS 4073 SHELL ROAD  
CITY - ST - ZIP SARASOTA FL

21 TITLE V ☒ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE ~~DP~~ ☐ DELETE  
NAME DRAPER, JOSEPH W.  
STREET ADDRESS 832 FREELING DR  
CITY - ST - ZIP SARASOTA FL

31 TITLE D ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE ~~DS~~ ☐ DELETE  
NAME SALINAS, RAFAEL  
STREET ADDRESS 5880 TIDEWOOD  
CITY - ST - ZIP SARASOTA FL

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE ~~DP~~ ☒ DELETE  
NAME MALLOY, WILLIAM F.  
STREET ADDRESS 1917 S LAKESHORE DR  
CITY - ST - ZIP SARASOTA FL

51 TITLE T ☐ Change ☒ Addition  
52 NAME NIPPERT, R. HAROLD  
53 STREET ADDRESS 1520 BLUE HERON DR.  
54 CITY - ST - ZIP SARASOTA, FL 34239

TITLE ~~D~~ ☒ DELETE  
NAME STEVENSON, ARTHUR J  
STREET ADDRESS 3004 COUNTRY VIEW DR  
CITY - ST - ZIP SARASOTA FL

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R. HAROLD NIPPERT, MD 2-24-97

CR2E034 (9/96)