

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000058947

FILED  
Apr 16, 2003  
Secretary of State

Entity Name: MED CORP MEDICAL BILLING SERVICES INC.

**Current Principal Place of Business:**

7828 ROCKPORT CIRCLE  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

7828 ROCKPORT CIRCLE  
LAKE WORTH, FL 33467

**New Mailing Address:**

FEI Number: 65-1016588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMEZ, LICET  
7828 ROCKPORT CIRCLE  
LAKE WORTH, FL 33467

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOMEZ, LICET  
Address: 7828 ROCKPORT CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LICET GOMEZ

P

04/16/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date