

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90080 013 \*\*\*150.00

DOCUMENT # P00000070143

1. Entity Name

MEDICAL CLAIMS & BILLING SOLUTIONS, INC.

Principal Place of Business

585 REDWOOD COURT  
 SEBASTIAN FL 32958

Mailing Address

585 REDWOOD COURT  
 SEBASTIAN FL 32958

2. Principal Place of Business

13256 US Hwy 1  
 State, Apt. #, etc.

3. Mailing Address

13256 US Hwy 1  
 State, Apt. #, etc.

City & State

Sebastian, FL

City & State

Sebastian, FL

4. FLL Number

851840502

Applicable

Not Applicable

Zip

32958

Country

Zip

32958

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSADO, NICHOLAS  
 585 REDWOOD COURT  
 SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

Zip Code

8. 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

*K. A. Rosado*

4-25-01

(Typed or printed name of registered agent and date of appointment)

(Date Registered Agent's grade expires when reappointing)

(Date)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! PERIOD \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Kari Rosado	
STREET ADDRESS	585 Redwood Court	
CITY-STATE-ZIP	Sebastian FL 32958	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Nicholas Rosado	
STREET ADDRESS	585 Redwood Court	
CITY-STATE-ZIP	Sebastian, FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*K. A. Rosado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kari A. Rosado

4-25-01

561-589-2015

Date

Phone Number

CR2-004 (7-0-00)