## **FILED** Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90171 020 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P94000021872 DOCUMENT #

1. Entity Name

HEALTHCARE MANAGEMENT & BILLING CONSULTANTS, INC



Principal Place of Business 9211 KENDALE BOULEVARD MIAM! FL 33176

Mailing Address

9211 KENDALE BOULEVARD

MIAMI FL 33176

2. Principal Place of Business			3. Mailing Address						()  <b>        </b>	181 H301 ISIN II	416
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			· · · · · · · · · · · · · · · · · · ·	4. FE! Number 65-0477517			<u> </u>	plied For Applicable
Zip	Country			Zip		Country		Certificate of Status Desired	8.75 Additional		
	6. Name	and Address of Current	Register	ed Agent			7. Name and Address of New Registered Agent				
GARCIA, ALEX						Name					
	DALE BLVD	r A		Street Address (P.			ress (P.O. B	ox Number is Not Acceptable)			
MIAMI FL		a state									
		i di seri		·		City			FL	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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financ     Trust Fund Contribution.		Added	May Be to Fees
10.		OFFICERS AND	DRS	S 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ARCIA, DAISY DALE BOULEVARD 33176		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS   1-zip				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS I-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>	general and		Délete	NAME STREET CITY-ST	ADDRESS		·		☐ - Change <b>—</b>	- 🗀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-SI	ADORESS (- ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS '-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			•	☐ Delete	TITLE NAME STREET	ADDRESS				☐ Change	Addition

12. 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 10 or Block 11 if changed, or on an attachme ss, with all other like empowered.

SIGNATURE: