

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90066 027 ***150.00

0231401

DOCUMENT # P96000100247

1. Entity Name
VITAL BILLING, INC.

Principal Place of Business Mailing Address
 13100 N.W. 6 STREET 13100 N.W. 6 STREET
 MIAMI FL 33182 MIAMI FL 33182

624574



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0712558** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VITAL, INES C
300 SW 134TH AVE.
MIAMI FL 33184

Name
 Street Address (P.O. Box Number is Not Acceptable)
13100 NW 6 ST.
 City **MIAMI** FL Zip Code **33182**

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 DATE **2/16/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Delete
PTD
VITAL, INES C
 STREET ADDRESS **300 SW 134TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE NAME Change Addition
PTD
VITAL, INES C
 STREET ADDRESS **13100 NW 6 ST**
 CITY-ST-ZIP **MIAMI FL 33182**

TITLE NAME Delete
VSD
VITAL, CARLOS R
 STREET ADDRESS **300 SW 134TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE NAME Change Addition
VSD
VITAL, CARLOS R
 STREET ADDRESS **13100 NW 6 ST.**
 CITY-ST-ZIP **MIAMI FL 33182**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: DATE **2/16/01** DAYTIME PHONE # **305-225-7829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)