

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90136 010 ***150.00

MS0793A AT

DOCUMENT # F99000006405
1. Entity Name
MILLENNIUM MEDICAL BILLING, INC.

Principal Place of Business 303 WILLIAMS AVENUE, STE. 129 HUNTSVILLE AL 35801	Mailing Address 303 WILLIAMS AVENUE, STE. 129 HUNTSVILLE AL 35801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 63-1193282	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
COPELAND, MONICA
~~42110 SAN JOSE BLVD.~~
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
42110 4205 BELLFOAT RD., SUITE 2065
City JACKSONVILLE FL Zip Code 32216

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 MONICA COPELAND Monica Copeland 1-16-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P <input type="checkbox"/> Delete
NAME	PINSON, THOMAS L
STREET ADDRESS	303 WILLIAM AVE., STE. 129
CITY-ST-ZIP	HUNTSVILLE AL 35801
TITLE	V <input type="checkbox"/> Delete
NAME	MELVIN, ROSS B JR.
STREET ADDRESS	303 WILLIAMS AVE., STE. 129
CITY-ST-ZIP	HUNTSVILLE AL 35801
TITLE	S <input type="checkbox"/> Delete
NAME	BIBB, ALAN B
STREET ADDRESS	303 WILLIAMS AVE., STE. 129
CITY-ST-ZIP	HUNTSVILLE AL 35801
TITLE	T <input type="checkbox"/> Delete
NAME	SEGARS, MICHAEL K
STREET ADDRESS	303 WILLIAM AVE., STE. 129
CITY-ST-ZIP	HUNTSVILLE AL 35801
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-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, without other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-16-02 256-933-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)