

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005094

1. Entity Name

A-MEDI-BILL LLC

Principal Place of Business

Mailing Address

135 N. LAKESHORE DR.
HYPOLUXO FL 33462

135 N. LAKESHORE DR.
HYPOLUXO FL 33462

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651079446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EIDELSON, SHARON R
135 N. LAKESHORE DR.
HYPOLUXO FL 33462

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Sharon Eidelson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300004036859--0

-04/20/01--01128--011

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP



Sharon Eidelson
135 N Lakeshore Dr
Hypoluxo, FL 33462-6070

☐ Delete

President

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ANDREA KOLARICK
8846 A ANDY CT
Boynton Ach FL 33436

☐ Delete

Vice President

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Sharon Eidelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-6-01

CR2E083 (11/00)

WJ1500K 11/00

FILED

01 APR 12 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE