

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90010 047 ****50.00

DOCUMENT # L00000005094

1. Entity Name

02

A-Medi-Bill
209 Disc Drive
Boynton Beach, FL 33436
561-732-5453



DO NOT WRITE IN THIS SPACE

64069804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

A-Medi-Bill
209 Disc Drive
Boynton Beach, FL 33436
561-732-5453

S

G

Zip

A-Medi-Bill
209 Disc Drive
Boynton Beach, FL 33436
561-732-5453

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65 1678446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sharon Eidelson

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

209 DISC DR

City

Boynton Bch

FL

Zip Code

33436

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

Sharon Eidelson

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


2-28-04

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	ceo		Ms. Sharon Eidelson 209 Disc Dr Boynton Beach, FL 33436
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

2-28-04 561-732-5453

CR2E083B (12/02)