

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90221 044 ****50.00

DOCUMENT # L01000000758

1. Entity Name

FLORIDA HEALTHCARE BILLING SOLUTIONS, L.L.C.

Healthcare Billing Solutions, LLC

Principal Place of Business

7709 ENDERBY AVE. E.
 JACKSONVILLE FL 32244

Mailing Address

7709 ENDERBY AVE. E.
 JACKSONVILLE FL 32244

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-31697159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACKSON, TIAKO
 7709 ENDERBY AVE. E.
 JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
*mgrm
 Kenneth L Jackson
 7709 Enderby Ave. E.
 Jacksonville, FL 32244*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ Addition
*mgrm
 Tiaiko R. Jackson
 7709 Enderby Ave. E.
 Jacksonville, FL 32244*

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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 *Tiaiko Jackson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-28-02

904-904-4990

Date

Daytime Phone #

CR2E083 (9/01)