

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90246 013 ***150.00

DOCUMENT # L43688

1. Entity Name
MEDI-BILL INC.



Principal Place of Business
**6950 CYPRESS RD
#104
PLANTATION FL 33317**

Mailing Address
**P O BOX 17347
PLANTATION FL 33318
US**

2. Principal Place of Business

6950 Cypress Rd

Suite, Apt. #, etc.

312

City & State

Plantation FL

Zip

33318

Country

USA

3. Mailing Address

6950 Cypress Rd

Suite, Apt. #, etc.

312

City & State

Plantation FL

Zip

33318

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0167321**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKETT, DEBORAH
12721 NW 1ST
PLANTATION FL 33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Deborah Beckett*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DUNCAN, DAVID**
STREET ADDRESS **501 SANDLEWOOD LANE**
CITY-ST-ZIP **PLANTATION FL**

TITLE **VT** ☐ Delete
NAME **BECKETT, DEBORAH**
STREET ADDRESS **501 SANDLEWOOD LANE**
CITY-ST-ZIP **PLANTATION FL**

TITLE **S** ☐ Delete
NAME **BECKETT, REGINA, L**
STREET ADDRESS **182 CARDINAL AVE**
CITY-ST-ZIP **MANTUA NJ**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Beckett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

Daytime Phone #

**953 314
7521**

CR2E034 (10/02)