

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L78226

1. Entity Name
STAT MEDICAL MANAGEMENT CONSULTING & BILLING, INC.



FILED

03 OCT -3 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2461 NW 87TH AVE.
SUNRISE FL 33322
US

Mailing Address
2461 NW 87TH AVE.
SUNRISE FL 33322
US



2. Principal Place of Business

5088 NW 105 Dr.

Suite, Apt. #, etc.

3. Mailing Address

5088 NW 105 Dr.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs FL

City & State

Coral Springs, FL

4. FEI Number

65-0204410

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROY, MELONEY
2461 NW 87TH AVE.
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name Roy, Meloney
Street Address (P.O. Box Number is Not Acceptable)

5088 NW 105 Drive

City Coral Springs, FL

Zip Code 33076

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 D
NAME ROY, MELONEY
STREET ADDRESS 2461 NW 87TH AVE
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Roy, Meloney
STREET ADDRESS 5088 NW 105 Drive
CITY-ST-ZIP Coral Springs, FL 33076 ☒ Change ☐ Addition

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

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

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:

Meloney Roy

9/30/03 (954) 401-7423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

2 of 2

**STAT Medical Management Consulting & Billing, Inc.
5088 Northwest 105th Drive
Coral Springs, Florida 33076**

September 30, 2003

**Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500**

To Whom It May Concern:

Enclosed please find my check in the amount of \$150.00, which represents payment for my Uniform Business Report.

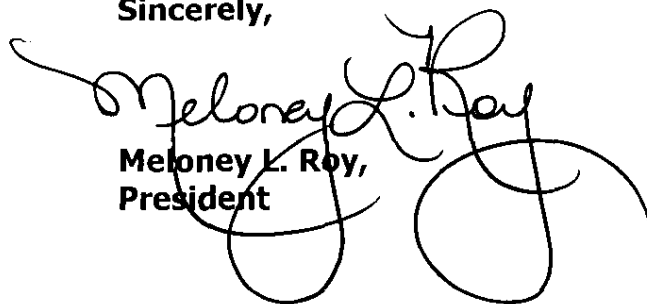
I apologize for the late payment; however, I did not receive the prior notice due to a recent move. I am enclosing the outside cover for the Corporate Annual Report for your review.

I have corrected the 2003 UBR form with my current address.

As you will note for the past 13 years, I have always paid this fee in a timely manner and wish to keep my corporation in good standings with the State of Florida.

Thank you for your understanding in this matter.

Sincerely,


**Meloney L. Roy,
President**

Enclosures