

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90055 020 ***150.00

DOCUMENT # P00000000185

1. Entity Name

INFINITY MEDICAL BILLING, INC.

Principal Place of Business

**PO BOX 518
 PINELLAS PARK FL 33780-0518**

Mailing Address

**PO BOX 518
 PINELLAS PARK FL 33780-0518**

2. Principal Place of Business

5125 Seminole Blvd.

Suite, Apt. #, etc.

Suite 4

City & State
St. Pete Fl.

Zip
33710

Country
Pinellas

3. Mailing Address

5125 Seminole Blvd.

Suite, Apt. #, etc.

Suite 4

City & State
St. Pete Fl.

Zip
33710

Country
Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3616164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCHUM, AMBER
 6260 68TH TERR. N.
 PINELLAS PARK FL 33781**

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **BOWMAN, KATHLEEN O**
 STREET ADDRESS **11140 LUWISTA LANE**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **VP** ☐ Delete
 NAME **SCNUM, AMBER**
 STREET ADDRESS **6260 68TH TERRACE N**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen O. Bowman **KATHLEEN O. BOWMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

727-392-2550
 Daytime Phone #

CR2E034 (9/01)