

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90111 025 ***150.00

DOCUMENT # P00000017348

1. Entity Name
PHYSICIANS BILLING ALTERNATIVE, INC.



Principal Place of Business
**9600 W. SAMPLE RD
#200
CORAL SPRINGS FL 33065**

Mailing Address
**9600 W. SAMPLE RD
#200
CORAL SPRINGS FL 33065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0982811**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLTON, ADAM
9110 NW 41ST MANOR
CORAL SPRINGS FL 33065**

Name **COLTON, ADAM**

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

6132 NW 53 Circle

City **Coral Springs**

FL

Zip Code **33067**

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

ADAM COLTON

3-19-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COLTON, ADAM**
STREET ADDRESS **9110 NW 41ST MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **COLTON, ADAM** ☒ Change ☐ Addition
NAME **COLTON, ADAM**
STREET ADDRESS **6132 NW 53 Circle**
CITY-ST-ZIP **CORAL SPRINGS, FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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: *Adam Colton* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03

954-346-4380

Date

Daytime Phone #

CR2E034 (10/02)