

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90463 002 ***150.00

DOCUMENT # P00000021778

1. Entity Name
MED BILLING & COLLECTION SERVICES, INC.

Principal Place of Business

1840 WEST 49TH ST
STE 420
HIALEAH FL 33012

Mailing Address

1840 WEST 49TH ST
STE 420
HIALEAH FL 33012

2. Principal Place of Business

5300 NW 77 CT

3. Mailing Address

5300 NW 77 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

65-1035751

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MALLADA, LUCY
1840 WEST 49TH ST
STE 420
HIALEAH FL 33012

Name

MALLADA, LUCY

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

5300 NW 77 CT

City

MIAMI

FL

Zip Code

33166

7. Name and Address of New Registered Agent

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 *X Lucy E. Mallada*

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/02

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	PVSD	<input type="checkbox"/> Delete
NAME	MALLADA, LUCY	
STREET ADDRESS	1840 WEST 49TH ST #420	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLADA, LUCY	
STREET ADDRESS	5300 NW 77 CT	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *X Lucy E. Mallada*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02 305-825-2463
 Date Daytime Phone #

CR2E034 (9/01)