

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042622

1. Entity Name

ONLINE ELECTRONIC MEDICAL BILLING, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90190 027 ***150.00

Principal Place of Business

Mailing Address

9455C BOCA GARDENS CIRCLE SOUTH
BOCA RATON FL 33496

9455C BOCA GARDENS CIRCLE SOUTH
BOCA RATON FL 33496

C0066424

2. Principal Place of Business

1700 Dover Road

3. Mailing Address

1700 Dover Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-1026441

Applied For

Not Applicable

Zip

33445

Country

U.S.A.

Zip

33445

Country

U.S.A.

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

DELEON, KARIN

9455C BOCA GARDENS CIRCLE SOUTH
BOCA RATON FL 33496

Name

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

1700 Dover Road

City

Delray Beach

FL

Zip Code

33445

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DELEON, KARIN
CITY-ST-ZIP 9455C BOCA GARDENS CIRCLE SOUTH
BOCA RATON FL 33496

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

Daytime Phone #

CR2E034 (10/00)