FILED
Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90385 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049973

1. Entity Name

All American Billing, Inc.

DO NOT WRITE IN THIS SPACE

55045928

2. Principal Place of Business	3. Mailing Address
999 Yamato Road	same as #2
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Boca Raton, Florida	City & State
Zip: 33431 Country: Palm Beach	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1013027 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kautilya Sharma

Street Address (P.O. Box Number is Not Acceptable): 999 Yamato Road, Suite 100

City: Boca Raton FL Zip Code: 33431

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 Sharma, Sheenoo STREET ADDRESS 999 Yamato Road, Suite 100 CITY-ST-ZIP Boca Raton, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheenoo Sharma

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #