

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90488 037 \*\*\*150.00

DOCUMENT # **P00000056280**

1. Entity Name  
**BOCA MEDICAL BILLING, INC.**

Principal Place of Business  
**10228 BREEZE WAY PL.**  
**BOCA RATON FL 33428**

Mailing Address  
**10228 BREEZE WAY PL.**  
**BOCA RATON FL 33428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4749 NW 122 DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4749 NW 122 DR**  
 Suite, Apt. #, etc.

City & State  
**Coral Springs FL**  
 Zip  
**FL 33074**

City & State  
**Coral Springs, FL**  
 Zip  
**33074**

4. FEI Number  
**65-1096828**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**SANCHEZ, EDWIN**  
**10228 BREEZE WAY PL**  
**BOCA RATON FL 33428**

## 7. Name and Address of New Registered Agent

Name **SANCHEZ, EDWIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4749 NW 122 DR**  
 City **Coral Springs** **FL** Zip Code **33074**

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 **Edwin Sanchez**

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

(NOTE: Registered Agent signature required when reinstating)

**4/29/02**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SANCHEZ, EDWIN</b> <b>10228 BREEZE WAY PL.</b> <b>BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SANCHEZ, EDWIN</b> <b>4749 NW 122 DR</b> <b>Coral Springs FL 33074</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Waleska Peraza-Sanchez</b> <b>4749 NW 122 DR</b> <b>Coral Spring FL 33074</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Edwin Sanchez** REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

Date

**84-873-8230**

Daytime Phone #

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

May 27, 2002

BOCA MEDICAL BILLING, INC.  
4749 NW 122 DR  
CORAL SPRINGS, FL 33076

Subject: **BOCA MEDICAL BILLING, INC.**

Reference Number: **P00000056280**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX - 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SM  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314