

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 08:00 AM  
Secretary of State

DOCUMENT # P00000071961

1. Entity Name  
E-MEDICAL BILLING SERVICES, INC.

Principal Place of Business  
2739 ENTERPRISE ROAD #4  
CLEARWATER FL 33759

Mailing Address  
2739 ENTERPRISE ROAD #4  
CLEARWATER FL 33759

2. Principal Place of Business  
1306 E. COURT STREET

3. Mailing Address  
1306 E. COURT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TARPON SPRINGS FL

City & State  
TARPON SPRINGS FL

4. FEI Number ☒ Applied For  
Not Applicable

Zip Country  
34689 US

Zip Country  
34689 US

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

## 6. Name and Address of Current Registered Agent

SARRIS BICOLE T  
2739 ENTERPRISE ROAD #4

CLEARWATER FL 33759

## 7. Name and Address of New Registered Agent

Name  
SARRIS NICOLE T  
Street Address (P.O. Box Number is Not Acceptable)  
1306 E. COURT STREET

City  
TARPON SPRINGS FL Zip Code  
34689

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 NICOLE T. SARRIS

04/18/2001

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

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	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	SARRIS NICOLE TP	1306 E. COURT STREET	TARPON SPRINGS FL 34689			

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: Nicole T. Sarris

P

04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)