

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91195 019 ***150.00

A0071582

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000080936
 i. Entity Name
 Chiro-Med Billing Associates, Inc.

Principal Place of Business Mailing Address
 2446 Lincoln Street 2446 Lincoln Street
 Hollywood, FL 33020 Hollywood, FL 33020

2. Principal Place of Business 3. Mailing Address
 3910 N 56 Avenue 3910 N 56 Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Apt 305 Apt 305

City & State City & State
 Hollywood, FL Hollywood, FL
 Zip Country Zip Country
 33021 BROWARD 33021 BROWARD

4. FEI Number 65-1036446
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 Applicable For Not Applicable

6. Name and Address of Current Registered Agent
 Penny Russo Fiorentino
 3910 N 56 Avenue Apt 305
 Hollywood, FL 33021

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (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 \$100.00
After MAY 1, 2001 Fee will be \$550.00
 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	President	<input type="checkbox"/> Delete
NAME	Penny Russo Fiorentino	
STREET ADDRESS	2446 Lincoln Street	
CITY-ST-ZIP	Hollywood, FL 33020	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penny Russo Fiorentino	Address only
STREET ADDRESS	3910 N 56 Avenue Apt # 305	
CITY-ST-ZIP	Hollywood, FL 33021	
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: Penny Russo Fiorentino, Pres. Penny Russo Fiorentino, Pres. 954-986-2111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/00)