

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90061 025 \*\*\*150.00

**DOCUMENT # P00000092018**

1. Entity Name

**NATIONWIDE MEDICAL BILLING SERVICE, INC.**

Principal Place of Business

11059 N.W. 46TH DRIVE  
CORAL SPRINGS FL 33076

Mailing Address

11059 N.W. 46TH DRIVE  
CORAL SPRINGS FL 33076

2. Principal Place of Business

3. Mailing Address

*Home 11059 NW 46 Dr* *11059 NW 46 Drive*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*Coral Springs, FL*

*Coral Springs, FL*

Zip

Country

Zip

Country

*33076*

*USA*

*33076*

*USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMAL, MAXINE ANGELA**  
**11059 N.W. 46TH DRIVE**  
**CORAL SPRINGS FL 33076**

Name

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

City

**FL**

Zip Code

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AMAL, MAXINE ANGELA</b>	
STREET ADDRESS	<b>11059 N.W. 46TH DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/01* *954-340-6235*  
Date Daytime Phone #

CR2E034 (10/00)