## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P0000092018 1. Entity Name NATIONWIDE MEDICAL BILLING SERVICE, INC. Principal Place of Business Mailing Address 11059 N.W. 46TH DRIVE 11059 N.W. 46TH DRIVE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address 11059 NW 46 DrIVE HOME 11059 NW ALE W

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

City & State

33076

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

TITLE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-7IP

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.

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City & State

33076

SIGNATURE

11.

TITLE

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STREET ADDRESS

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SIGNATURE:

CITY-ST-ZIP

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AMAL, MAXINE ANGELA

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

9. This corporation is eligible to satisfy its Intangible

AMAL, MAXINE ANGELA

11059 N.W. 46TH DRIVE

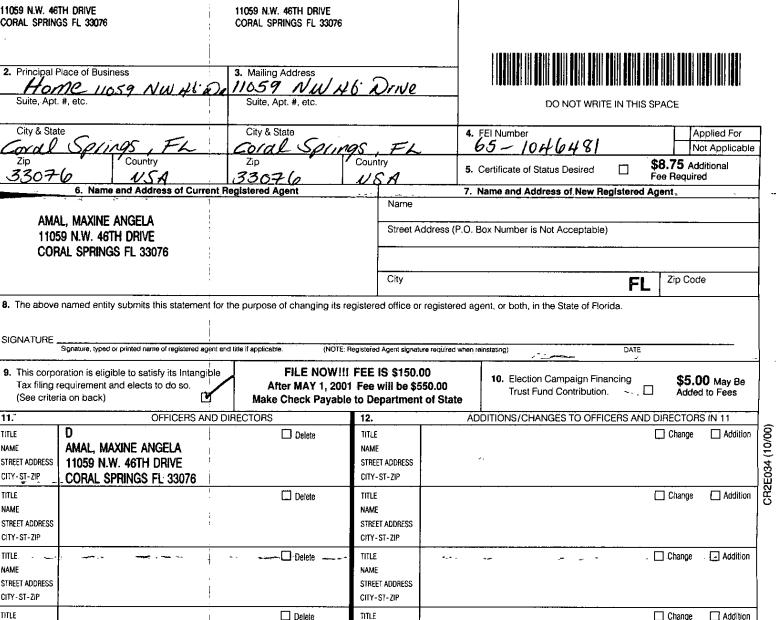
CORAL SPRINGS FL: 33076

Tax filing requirement and elects to do so.

(See criteria on back)

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

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



Change

☐ Change

☐ Addition

☐ Addition