## FILED Apr 21, 2003 8:00 am Secretary of State

			<b>CORPORA</b>	
UNIFO	RM I	BUSINES	S REPORT	(UBR)

DOCUMENT # pagagagas coo				04-21-20	04-21-2003 90387 046 ***150.00		
DOCU	MENT # P000000950	683					
1. Entity Nan	DR MEDICAL BILLING, INC.						
	<i>i</i> -						
			V GET		A		
Principal Plac	ce of Business	Mailing Address		· ·			
4080 SW 13	· · · · · · · · · · · · · · · · · · ·	4080 SW 139TH AVE				•	
MIRAMAR, FL		MIRAMAR, FL 33027					
		<del></del>			i <b>63</b> ii: 88ii9 1919) 9ii18 9ii31 19		
2. Principal I	Place of Business 148TH TENA	3. Mailing Address	148th a	<u></u>		<b>31</b> !!!! <b>  11  </b>	
Suite, Apt		Suite, Apt. #, etc.	144	-			
Curre, ripi		June, 141. 1, 610.		☐ CHECK HERI	IF MAKING CHANGES		
Çityl≯ Stat	ie TI	City & State	乙	4. FEI Number		ed For	
	ROPE MICS , 1 1	Williamer	, 71	65-103660	Not A	pplicable	
Zip 33	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Additio	nal	
3 2 1	02/	330.27		<u> </u>	~ Fee Required		
	6. Name and Address of Current	Hegistered Agent	Name	7. Name and Address of New	Registered Agent		
MIRET, NA			7.4.119	<u> </u>			
4080 SW 13 MIRAMAR,			Street Ac	dress (P.O. Box Number is Not Acceptat	le)		
inite America	12 00027				<del></del>		
	37			·			
		_	City	•	FL Zip Code		
8. The above	named entity submits this statement to	r the purpose of changing its r	egistered office or	registered agent, or both, in the State of F	lorida. I am familiar with, and	daccept	
the obligat	tions of registered agent.	MINI			alt		
SIGNATURE	_ velincity i	muy lo	incer 1	liver	4/8/03		
i ordinarione	Signature, typed or primed name of pursured agent	and title if applicable. (NOTE:	Registered Agentsignatur	a waquinad when winstating)	CATE 1		
	FILE NOW!!! FEE IS \$150.00						
Afte	r May 1, 2003 Fee will be \$550.00			Selection Campaign F     Trust Fund Contribut			
Make Creci	k Payable to Florida Department/	I State	_				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OF			
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