


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

04-21-2003 90387 046 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000095683</b>			
1. Entity Name <b>SUPERIOR MEDICAL BILLING, INC.</b>			
Principal Place of Business <b>4080 SW 139TH AVE MIRAMAR, FL 33027</b>		Mailing Address <b>4080 SW 139TH AVE MIRAMAR, FL 33027</b>	
2. Principal Place of Business <b>4480 SW 148TH Tera</b>		3. Mailing Address <b>4480 SW 148th Ave</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miramar FL</b>		City & State <b>Miramar FL</b>	
Zip <b>33027</b>		Zip <b>33027</b>	
Country		Country	
4. FEI Number <b>65-1036604</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MIRET, NANCY I 4080 SW 139TH AVE MIRAMAR, FL 33027</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Nancy I Miret</i> <b>Nancy I Miret</b> DATE <b>4/8/03</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PVST MIRET, NANCY I 4080 SW 139TH AVE MIRAMAR, FL 33027</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4480 SW 148TH Tera Miramar, FL 33027</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D MIRET, NANCY I 4080 SW 139TH AVE MIRAMAR, FL 33027</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4480 SW 148TH Tera Miramar, FL 33027</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.			
SIGNATURE: <i>Nancy I Miret</i> <b>Nancy I Miret</b>		Date <b>4/8/03</b> 954 443-8383	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)