2001 UNIFORM BUSINESS REPORT (UBR)

							
DOCUMENT # POOOOOIO8401 1. Entity Name					FILED		
A	rzee u	EDICAL	BILLIN	G SERVICE	65 01 MAY -3 PM		
Principal Pla	ace of Business	·	Mailing Address		SECRETARY OF ST TALLAHASSEE, FL	TATE ORIDA	
P.O. BOX 4060					TALLAHAGGEL,		
N	liami, F	TL 3315	52-4060				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt, #, etc.		DO NOT WRITE IN THIS SPACE		
City & Sta	ate		City & State		4. FEI Number 65-105 7122		Applied For Not Applicable
Zip	Countr	У	Zip	Country	5. Certificate of Status Desired	\$8.75 Fee Requ	Additional uired
	6. Name and Add	ress of Current Re	gistered Agent	Alama	7. Name and Address of New Registe	red Agent	
	Maria A 6255 Si		NEZ PL #220	Name Street Addres	ss (P.O. Box Number is Not Acceptable)		
	Miami,	FL 3	3183	City		FL Zip C	
					stered agent, or both, in the State of Florida.		
8. The above SIGNATURE 9. This corporate flag filing a	e named entity submits Squature typed or printer har ordition is eligible to set requirement and elects ide on back)	ne of registered agent and	itte i applicable (NO) FILE NOW After MAY 1, 20	s egistered office or regis Registered Agent signature requ III PEE IS \$180.00 III Pee will be \$550.00 b to Department of S	otered agent, or both, in the State of Florida. D 10. Election Campaign Financing Trust Fund Contribution	ATE \$5	.00 May Bo
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3. I bereby 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 mix signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received for trustee empowered to execute this report is 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