FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 22 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108401

1. Entity Name

ARZEE MEDICAL BILLING SERVICES INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
P.O. BOX 4060	P.O. BOX 4060
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33152 Country: USA	Zip: 33152 Country: USA

4. FEI Number: 651057122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MARIA A. ESTEVEZ

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

6255 S.W. 129 PL #2207

City: MIAMI FL Zip Code: 33183

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/D	MARIA A. ESTEVEZ 6255 SW 129 PL #2207 MIAMI, FL 33183
V/D	RYKMA C. BALDOWSKI-GOHAISE P.O. BOX 4060 MIAMI, FL 33152

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	200005180712--3 -04/01/02--01084--034 ****300.00 ****150.00
	DO NOT WRITE IN THIS SPACE

CR2E034

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 03/21/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #