

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90181 029 ***150.00

DOCUMENT # P00000111586

1. Entity Name
M & F MEDICAL BILLING TECHNOLOGY, INC.



Principal Place of Business
**175 FOUNTAINEBLEAU BLVD
SUITE 2D2
MIAMI FL 33172**

Mailing Address
**175 FOUNTAINEBLEAU BLVD
SUITE 2D2
MIAMI FL 33172**



2. Principal Place of Business
175 FOUNTAINEBLEAU BLVD
Suite, Apt. #, etc.
2D1

3. Mailing Address
175 FOUNTAINEBLEAU BLVD
Suite, Apt. #, etc.
2D1

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **65-1060190**

Applied For
☐ Not Applicable

Zip Country
33172 MIAMI DADE

Zip Country
33172 MIAMI DADE

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, MARIA
711 N.W. 23RD AVENUE
SUITE 205
MIAMI FL 33125**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *Maria Fernandez*

1-10-03
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FERNANDEZ, MARIA**
STREET ADDRESS **711 N.W. 23RD AVENUE SUITE 205**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DPS**
STREET ADDRESS **ARMENTEROS, MARIA**
CITY-ST-ZIP **123 ZAMORA AVE. APT # 103
CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 305-480-7788

Date

Daytime Phone #

CR2E034 (10/02)