

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90176 033 ***150.00

0123881 AV

DOCUMENT # P00000113355

1. Entity Name

MEDICAL BILLING CONNECTION, INC.

Principal Place of Business

2A
 1627 US HIGHWAY ONE, SUITE 16 ROOM #7
 SEBASTIAN FL 32958

Mailing Address

2A
 1627 US HIGHWAY ONE, SUITE 16 ROOM #7
 SEBASTIAN FL 32958



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1627 US Hwy One

Suite, Apt. #, etc.

2A

City & State

Sebastian Fl.

Zip
32958

Country

Indian River

3. Mailing Address

1627 US Hwy One

Suite, Apt. #, etc.

2A

City & State

Sebastian Fl

Zip
32958

Country

Indian River

4. FEI Number

65 106 0960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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
PSD
MAYNARD, KIMBERLY R
1627 US HIGHWAY ONE, SUITE 16 ROOM #7
SEBASTIAN FL 32958

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly R. Maynard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02 561-581-8485
 Date Daytime Phone #

CR2E034 (9/01)