

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90156 004 ***150.00

DOCUMENT # P01000000166



1. Entity Name
PRO-MED BILLING SERVICES, INC.

Principal Place of Business
**2400 SE MIDPORT ROAD #200
PORT ST. LUCIE FL 34952**

Mailing Address
**2400 SE MIDPORT ROAD #200
PORT ST. LUCIE FL 34952**



2. Principal Place of Business 2400 SE Midport Rd Suite, Apt. #, etc. Suite 211		3. Mailing Address 2400 SE Midport Rd Suite, Apt. #, etc. Suite 211	
City & State Port St Lucie FL		City & State Port St Lucie FL	
Zip 34952	Country	Zip 34952	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1065913	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 GARROW, DARLENE S 2400 SE MIDPORT ROAD #200 PORT ST. LUCIE FL 34952	7. Name and Address of New Registered Agent Name Darlene Garrow Street Address (P.O. Box Number is Not Acceptable) 2400 SE Midport Rd Ste 211 City Port St Lucie FL Zip Code 34952
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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 **Darlene Garrow** (NOTE: Registered Agent signature required when reinstating) DATE **1/27/03**

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VSTD	<input type="checkbox"/> Delete	TITLE USTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARROW, DARLENE S		NAME Darlene Garrow S	
STREET ADDRESS 2400 SE MIDPORT ROAD #200		STREET ADDRESS 2400 SE Midport Rd Ste 211	
CITY-ST-ZIP PORT ST. LUCIE FL 34952		CITY-ST-ZIP Port St Lucie FL 34952	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARROW, DAVID L		NAME David Garrow L	
STREET ADDRESS 2400 SE MIDPORT ROAD #200		STREET ADDRESS 2400 SE Midport Rd Ste 211	
CITY-ST-ZIP PORT ST. LUCIE FL 34952		CITY-ST-ZIP Port St Lucie FL 34952	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** DATE **1/27/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)