

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90107 042 \*\*\*158.75

**DOCUMENT # P01000020245**

1. Entity Name  
**WHYMSS MEDICAL BILLING INC.**



Principal Place of Business  
7510 NW 70 AVE  
TAMARAC, FL 33321

Mailing Address  
7510 NW 70 AVE  
TAMARAC, FL 33321

2. Principal Place of Business

**7510 NW 70 AVE**

Suite, Apt. #, etc.  
**TAMARAC**

City & State  
**FL**

Zip  
**33321**

Country  
**Broward**

3. Mailing Address

**7510 NW 70 AVE**

Suite, Apt. #, etc.  
**TAMARAC**

City & State  
**FL**

Zip  
**33321**

Country  
**Broward**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-1146556**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WHYMSS, SHARMAN**  
**7510 NW 70 AVE**  
**TAMARAC, FL 33321**

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

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

(NOTE: Registered Agent signature required when installing)

DATE

**FILE NOW!! FEE IS \$150.00**

**AFTER MAY 1, 2003 Fee will be \$560.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**WHYMSS, JOHN P.S.**  
**7510 NW 70 AVE**  
**TAMARAC, FL 33321**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PV**  
**WHYMSS, SHARMAN**  
**7510 NW 70 AVE**  
**TAMARAC, FL 33321**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)



**Whymss Medical Billing**

7510 N. W. 70 th Ave.

Tamarac, FL 33321

401 200  
# P01000020245

June 3, 2003

Dear FL Department of State Division of Corporations,

It has come to my attention, that I did not receive the UBR for Whymss Medical Billing. I then called and was informed to download the information which I have done. Whymss Medical Billing has had a mail delivery issue, there has been several different postmen and mail has not been delivered properly.

Sincerely

Sharman Whymss