## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P01000025466

1. Entity Name

DYNAMIC MEDBILL, INC.



**FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90065 022 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Cestred   \$3.75 Additional Fee Requirement of Status Cestred   \$3.75 Additional Fee Requirement Fee Requirement Status Cestred   \$3.75 Additional Fee Requirement Fee Requirement Status Cestred Agent   \$7. Name and Address of New Registered Agent   \$7. Name and Address   \$7. Name and Name and Name   \$7. Name and							GOO WE T							
Suite, Apl. #, etc.   Suite, Apl. #, etc.   City & State   A. PEI Number   NOT APPLICABLE   Page 1   Page 2   Page 2   Page 3	2513 CORAL	TRACE PLACE	2513 (	2513 CORAL TRACE PLACE					1 <b>3 8 8 18 8 1</b> 1 1 1 <b>8 8 8 8 1 1 1 8 1</b> 1 1 <b>8 8</b> 1 1 1					
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Second   S	City & Stat	te		City & State				4	4. FEI Number NOT APPLICABLE Applied For Not Applicable					
VOCATURO, ANTHONY 2513 CORAL TRACE PLACE DELRAY BEACH FL 33445    City   FL   Zip Code	Zip		Country	Zip	Zip Count			5. Certificate of Status Desired S8.75 Addition				Iditional	1	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo		6. Name	and Address of Current	Registered	Registered Agent				7. Name and Address of New Registered Agent					
Street Address (PO. Biox Number is Not Acceptable)    Street Address (PO. Biox Number is Not Acceptable)	VOCATUR	RO ANTHOI	JY				Name			,				
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.   name and active obligations of registered agent and title if a picture.   (NOTE Registered agent, or both, in the State of Florida.   name and active obligations of registered agent and title if a picture.   (NOTE Registered agent, or both, in the State of Florida.   name and active obligations of registered agent and title if a picture.   (NOTE Registered agent, or both, in the State of Florida.   name and active obligations of registered agent.   name and active obligations of	2513 COF	RAL TRACE	PLACE		Street Addres			dress (P.O	(P.O. Box Number is Not Acceptable)					
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 act the obligations of registered agent.  SIGNATURE  Signature Signature System or private harve of registered agent and title if applicable. (NOTE Registered Agent signature recovered when reinstaling).  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  NAME SIREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY	DELRAY E	BEACH FL 3	3445				City					Zip Cod	de	-
SIGNATURE   Signature, typed or printed name of registered agent and site if applicable.   (NOTE, flegistered Agent signature required when rerotating)   DATE							•					•   ′		1
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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, withfull other like expowered.

SIGNATURE: