

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90048 024 ***150.00

DOCUMENT # P01000034107

1. Entity Name

INTEGRITY MEDICAL BILLING, INC.

Principal Place of Business

**6577 FOX CREST LN
 LAKELAND FL 33813**

Mailing Address

**6577 FOX CREST LN
 LAKELAND FL 33813**

2. Principal Place of Business

5645 Summerland Hills Cir

3. Mailing Address

4798 S. FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

323

City & State

City & State

LAKELAND FL

LAKELAND FL

Zip

Country

Zip

Country

33813

USA

33813-2181

USA

6. Name and Address of Current Registered Agent

**GRAYCE BUNCH, KRISTINA
 6577 FOX CREST LN
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

Kristina Grace Bunch

Street Address (P.O. Box Number is Not Acceptable)

4798 S. FLORIDA AVE

323

City

Lakeland

FL

Zip Code

33813-2181

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

Kristina G. Bunch **Kristina G. Bunch** / **President Owner** **4/15/02**

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	D	<input type="checkbox"/> Delete
NAME	GRAYCE BUNCH, KRISTINA	
STREET ADDRESS	6577 FOX CREST LN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kristina Grace Bunch	
STREET ADDRESS	5645 Summerland Hills Cir	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Wayne Bunch	
STREET ADDRESS	5645 Summerland Hills Cir	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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:

Kristina Bunch **Kristina Bunch** / **President** **4/15/02** **863-644-2552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #