

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

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90025 025 \*\*\*158.75

DOCUMENT # P01000036283

1. Entity Name

E-BILLING MEDICAL SERVICES, INC.

DU134324

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

2716 West 74th Terrace SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

HIALEAH, FLORIDA

Zip

Country

Zip

Country

33016

USA

4. FEI Number

Applied For

65-1100958

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ELISA ORTA

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

2716 WEST 74th TERRACE

City

HIALEAH

FL

Zip Code

33016

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 *Elisa Orta* Director

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

(NOTE: Registered Agent signature required when reinstating)

8/8/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	D ORTA, ELISA 7154 NW 72 AVENUE MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELISA ORTA 2716 WEST 74 TERRACE HIALEAH, FL 33016
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**DO NOT WRITE  
IN THIS SPACE**

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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with another like empowered.

SIGNATURE *Elisa Orta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/08/2002

(305) 773-3722

Date

Daytime Phone #

*Atchman 30134324*

**E-BILLING MEDICAL SERVICES, INC.**

August 8, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

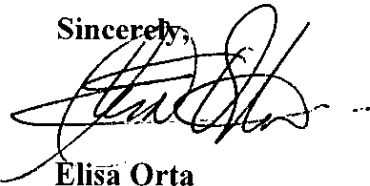
Re. Uniform Business Report  
Document number P01000036283, EIN 65-1100958

To Whom It May Concern:

Please see the attached completed UBR that we found on your internet site. We never received the original form the State sends out.

Please contact me if you need additional information.

Sincerely,



Elisa Orta