

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90255 014 ***150.00

FOR PROFIT CORPORATION
FORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000043588**

1. Entity Name
M.D. BILLING, INC.



Principal Place of Business
**4701 MERIDAN AVENUE
NICHOL BUILDING LEVEL E
MIAMI BEACH FL 33140**

Mailing Address
**4701 MERIDAN AVENUE
NICHOL BUILDING LEVEL E
MIAMI BEACH FL 33140**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1101997**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERLINO, GARY
4701 MERIDAN AVENUE
NICHOL BUILDING LEVEL E
MIAMI BEACH FL 33140**

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Fee Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS T- ZIP	NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change Addition
D MERLINO, GARY 2507 PROVENCE CIRCLE WESTON FL 33327	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D SHAFFER, ROBERT 3564 MAGELLAN CIRCLE #214 NORTH MIAMI BEACH FL 33180	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 provided 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 applicable, or on an attachment with an address, all of which are true and correct.

TURE:

COPY