

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**  
04-16-2002 90025 010 \*\*\*150.00

0160704 AV

**DOCUMENT # P01000046995**

**1. Entity Name**  
**JOINT VENTURE MEDICAL BILLING SERVICES, INC.**

**Principal Place of Business**  
**860 SW 174TH TERRACE**  
**PEMBROKE PINES FL 33029**

**Mailing Address**  
**860 SW 174TH TERRACE**  
**PEMBROKE PINES FL 33029**

**629241**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**

**105-1102977**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**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**

**COHN, ALAN B**  
**2021 TYLER STREET**  
**HOLLYWOOD FL 33020**

**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.**

**SIGNATURE**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **ZAWISKI, LORI ANN**  
**STREET ADDRESS** **860 SW 174TH TERRACE**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33029**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **ANDRES, DIANA**  
**STREET ADDRESS** **17644 SW 9th STREET**  
**CITY-ST-ZIP** **PEMBROKE PINES, FL 33029**

**TITLE** **D** ☐ Delete  
**NAME** **PRATTAS, LAURA**  
**STREET ADDRESS** **845 S.W. 174TH TERRACE**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33029**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **OELLRICH, LISA ANN**  
**STREET ADDRESS** **860 SW 174TH TERRACE**  
**CITY-ST-ZIP** **PEMBROKE PINES, FL 33029**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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:**

**Lori Ann Zawiski**

**L. Zawiski**

**4/2/02**

**954-4325253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)