09-09-2002 90004 031 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

B0136818

DOCUMENT # P01000046995

1. Entity Name

JOINT VENTURE MEDICAL BILLING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12515 Orange Drive	12515 Orange Drive
Suite, Apt. #, etc.: Suite 803	Suite, Apt. #, etc.: Suite 803
City & State: Davie, Florida	City & State: Davie, Florida
Zip: 33330 Country: USA	Zip: 33330 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651102977 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Cohn, Alan B.

Street Address (P.O. Box Number is Not Acceptable): 2021 Tyler Street

City: Hollywood FL Zip Code: 33020

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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 P/D NAME STREET ADDRESS CITY-ST-ZIP	Zawiski, Lori Ann 12515 Orange Drive, Suite 803 Davie, Florida 33330
TITLE V/D/S NAME STREET ADDRESS CITY-ST-ZIP	Oehlrich, Lisa Ann 12515 Orange Drive, Suite 803 Davie, Florida 33330
TITLE V/D/T NAME STREET ADDRESS CITY-ST-ZIP	Andres, Diana 12515 Orange Drive, Suite 803 Davie, Florida 33330
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 8/16/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

LORI ANN ZAWISKI, President

954-475-9360
Daytime Phone #