

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90941 035 ***150.00

0382173 AV

DOCUMENT # P01000055696

1. Entity Name
MEDICAL BILLING OPERATIONS INC.

Principal Place of Business
10111 FOREST HILL BLVD SUITE 261
WEST PALM BEACH FL 33414

Mailing Address
10111 FOREST HILL BLVD SUITE 261
WEST PALM BEACH FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5114 Okeechobee Blvd

3. Mailing Address
5114 Okeechobee Blvd

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.
Suite 209

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

4. FE Number
65-1109997

Applied For
Not Applicable

Zip
33417

Country
USA

Zip
33417

Country
USA

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

6. Name and Address of Current Registered Agent

MILLER, JEFFREY K
10111 FOREST HILL BLVD SUITE 261
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name **Miller, Jeffrey K.**
Street Address (P.O. Box Number is Not Acceptable)
5114 Okeechobee Blvd Suite 209
City **West Palm Beach** **FL** **Zip Code** **33417**

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 *Jeffrey K Miller*

DATE **3/26/02**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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)**

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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JEFFREY K 10111 FOREST HILL BLVD SUITE 261 WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jeffrey K Miller*

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

561-478-6838

Daytime Phone #

CFR2E034 (9/01)