

2002 UNIFORM BUSINESS REPORT (UBR)

Page 6/2

DOCUMENT # P01000085823

1. Entity Name
INTERNATIONAL MEDICAL BILLING MANAGEMENT & CONSULTING, INC.

FILED

02 JUL 22 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

110 SULLIVAN ST
PUNTA GORDA FL 33950

Mailing Address

110 SULLIVAN ST
PUNTA GORDA FL 33950

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

65-1144340

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

SALZ, TERRY
110 SULLIVAN ST
PUNTA GORDA FL 33950

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 consolidating)

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	<input type="checkbox"/> Delete
NAME	SALZ, TERRY	
STREET ADDRESS	110 SULLIVAN ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900006851089--1	
STREET ADDRESS	-08/01/02--01037--008	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Yhohann Arles
Yhohann Arles

4/25/02 941 833 9339
4/28/02 941-833 9339

Attachment
Doc #
P01000085823

Page 2 of 2

International Medical Billing
Management & Consulting, Inc
110 Sullivan Street
Punta Gorda, Florida 33950
941-833-9339
941-833-9346 (Fax)

Division of Corporations
Uniform Business Reports Filing
PO Box 1500
Tallahassee, Florida 32302-1500

June 28, 2002

To Whom-It-may-Concern:

I called to verify that my check that was sent on 4/26/2002 was received since it had not been cashed. I was told that it had not been and that I needed to send another check and a copy of the form signed with the original signature added. I have enclosed both.

If you have any questions please call @ 941-833-9339.

Thank you in advance for your assistance.

Terry Salz
Terry Salz
President