

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

05-02-2002 90048 017 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 01000090578

1. Entity Name ~~PRIMARY BILLING SERVICES CORP.~~ **NK Am**
Health Advantage Medical Supply Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6875 W. 7th AVENUE # 508		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-1138027		Applied For <input type="checkbox"/> Not Applicable	
City & State HIALEAH, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33014	Country U.S.A.	Zip	Country				

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name	YEDDY I. RODRIGUEZ	
	Street Address (P.O. Box Number is Not Acceptable)	6875 W 7th Ave # 508	
	City	HIALEAH	FL Zip Code 33014

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: *Yeddy I. Rodriguez*
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P	YEDDY I. RODRIGUEZ - PRESIDENT	TITLE	
NAME	6875 W. 7th AVE. # 508	NAME	
STREET ADDRESS	HIALEAH, FL 33014	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE VP	MICHAEL NEIRA	TITLE	
NAME	6875 W. 7th AVE. # 508	NAME	
STREET ADDRESS	HIALEAH, FL 33014	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: *Yeddy I. Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)