

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90051 008 ***150.00

DOCUMENT # P01000097248

1. Entity Name
ULTIMATE MEDICAL BILLING, INC.

Principal Place of Business 615 WEST PARK DRIVE #205 MIAMI FL 33172	Mailing Address 615 WEST PARK DRIVE #205 MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEJ Number 65-1152803	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAZ, MARIA 615 WEST PARK DRIVE #205 MIAMI FL 33172		Name PAZ, MARIA Street Address (P.O. Box Number is Not Acceptable) 7387 NW 8 STREET City MIAMI FL Zip Code 33126	

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4-5-2002**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAZ, MARIA 615 WEST PARK DRIVE #205 MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAZ, MARIA 7387 NW 8 STREET. MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAVARRO, MARITZA 14519 SW 98 TERRACE MIAMI FL 33186 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: *[Signature]* **4-5-2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)