

FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 91168 049 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098485

1. Entity Name

PHYSICIANS BILLING OF FLORIDA, INC.

Principal Place of Business
5901 COLONIAL DR. STE 202
MARGATE FL 33063

Mailing Address
5901 COLONIAL DR. STE 202
MARGATE FL 33063



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1136516

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

WONG, AFONSO
5901 COLONIAL DR, STE 202
MARGATE FL 33063

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 reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	HSU, ALEX K MD	
STREET ADDRESS	5901 COLONIAL DR, STE 202	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HSU, ALEX K MD	
STREET ADDRESS	5901 COLONIAL DR, STE 202	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LOY, JUAN P MD	
STREET ADDRESS	5901 COLONIAL DR, STE 202	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	COO	<input type="checkbox"/> Delete
NAME	LOY, JUAN P MD	
STREET ADDRESS	5901 COLONIAL DR, STE 202	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WONG, AFONSO	
STREET ADDRESS	5901 COLONIAL DR, STE 202	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

954-984-0111

Daytime Phone #

CR2E034 (9/01)