

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90179 013 ***158.75

DOCUMENT # P01000114529

1. Entity Name
A-PLUS MEDICAL BILLING SERVICES INC.



Principal Place of Business

**4050 SW 4TH ST.
MIAMI FL 33134**

Mailing Address

**4050 SW 4TH ST.
MIAMI FL 33134**

2. Principal Place of Business

141 W 35 st

Suite, Apt. #, etc.

3. Mailing Address

141 W 35 st

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Hialeah, FL

City & State

Hialeah, FL

4. FEI Number

65-1159013

Applied For

Not Applicable

Zip

33012

Country

MIAMI-DADE

Zip

33012

Country

MIAMI-DADE

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BENCOMO, ADACHA

141 W 35 ST

HIALEAH FL 33012

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BENCOMO, ADACHA
141 WEST 35TH ST
HIALEAH FL 33012

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 884 7362

CR2E034 (10/02)