

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

Page 1 of 2

DOCUMENT # P01000116527

1. Entity Name
ONE SOURCE MEDICAL BILLING SERVICE, INC.



FILED

03 JUN 30 AM 8:39

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

05/05/03 90186 0181882



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**POST OFFICE BOX 12117
BROOKSVILLE, FL 34603**

Mailing Address
**POST OFFICE BOX 12117
BROOKSVILLE, FL 34603**

2. Principal Place of Business
11420 Kansas Rd

3. Mailing Address
Suite, Apt. #, etc.

City & State
Brooksville, FL

City & State
Suite, Apt. #, etc.

Zip
34603

Country
Hernando

4. FEI Number
80-0022524

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNSELL, TARALYN
11420 KANSAS ROAD
BROOKSVILLE, FL 34603**

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!!! FEES \$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 President	<input type="checkbox"/> Delete
NAME Taralyn Munsell	
STREET ADDRESS 11420 KANSAS RD	
CITY-ST-ZIP Brooksville, FL 34603	
TITLE Mailing Address	<input type="checkbox"/> Delete
NAME PO Box 12117	
STREET ADDRESS Brooksville, FL 34603	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

CR2034 (10/02)

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: **Taralyn Munsell** **06/17/03** **(352) 796 9210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Page 2 of 2

June 17, 2003

ONE SOURCE MEDICAL BILLING SERVICE, INC
P.O. BOX 12117
Brooksville, FL 34603

Uniform Business Report
P.O. Box 6327
Tallahassee, FL 32314

Attention: Kathy Ashton

Dear Ms. Ashton:

As per our phone conversation today, I am writing this letter to your attention. The UBR form was returned to me because Officer and Directors information was missing. My check for \$150.00 has already been deposited and credited to my account.

Please contact me at 352-796-9310 if you have any questions.

Sincerely,

Taralyn Munsell
