

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90173 044 \*\*\*150.00

DOCUMENT # P02000005977

1. Entity Name

Physician Medical Billing, Corp. ✓

**DO NOT WRITE IN THIS SPACE**

11009707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13285 Nw 11th Terrace

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State  
Same

4. FEI Number  
02-0538756

Applied For  
Not Applicable

Zip

Country

33182

U.S.A.

Zip

Country

Same

same

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Rita Garcia

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

13285 Nw 11th Terrace

City  
Miami

FL

Zip Code  
33182

**DO NOT WRITE  
IN THIS SPACE**

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

X Rita Garcia

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

(NOTE: Registered Agent signature required when reinstating)

4/19/03  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**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. ☐

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

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Rita Garcia  
13285 Nw 11th Terrace  
Miami, Florida 33182

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

Rita Garcia  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/03 305.227.7727

CR2E034B (12/01)