

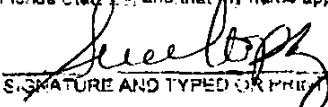
FROM :

PHONE NO. :

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # FD200-43453		1. Entity Name P02000034553	
MED-BILLING & ASSOCIATES INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1298 W 83RD STREET Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33014-3460	Country	Zip	Country
4. FEI Number 72-1521213		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current 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 re-registering) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$250.00 Amended UBR is \$61.25		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT SUCETT LOPEZ 1298 W 83RD STREET HIALEAH FL 33014	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an attachment with an address, with all other like empowered			
SIGNATURE 		PRESIDENT 3/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #