2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 27, 2003 8:00 am Secretary of State 02-12-2003 90061 019 ***150.00

| DOCUMENT # P020 I. Entity Name MED-BILLING & ASSOCIATES, INC | | | | 7 | | | | |
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| rincipal Place of Business Mailing 198 W. 83RD STREET 1298 W ALEAH FL 33014 HIALEA | | STREET | | | | | | |
| 2. Principal Place of Business | 3. Mailing Add | ress | | | EBJAD 11011 TOJA CDAT | <u>edili odiat iitil</u> | B{ E B B B B | 188 (1)t 18 <u>8</u> 1 |
| Suite, Apt. #, etc. | Suite, Apt. # | Suite, Apt. #, etc. | | | CHECK HERE I | F MAKING C | HANGES | |
| City & State | City & State | City & State | | 4. FEI Numb | 4. FEI Number 12-1521213 Applied For Not Applicable | | | |
| Zip Country | Zip | | Country . | | of Status Desired | LI È | 8.75 Add e Require | |
| 6. Name and Address of Curro | ent Registered Agen | t | | 7. Name and | Address of New R | egistered Ag | ent | |
| | | · | Name | | | | <u> </u> | <u></u> |
| LOPEZ, SUCET | | | Street Addre | ss (P.O. Box Numb | er is Not Acceptable |) | | |
| 1298 W. 83RD STREET HIALEAH FL 33014 | | | | | ءَ مِنَ ا | | | |
| | | | City | | | FL | Zip Cod | е |
| The above named entity submits this statemen | | handlan ita sas | nistared office or regi | istered agent, or bo | th in the State of Flo | | miliar with, | and accept |
| The above named entity submits this statement the obligations of registered agent. | nt for the purpose of c | avsuðing irs ief | digreren ource or redi | stered agent, or ed | | 1 | | , |
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| TO LOCAL TO THE | | | | | • | | | |
| GNATURE Signature, typed or printed name of registered a | igent and title if applicable. | (NOTE: As | agistered Agent signature rec | quired when reinstating) | · · · · · · · · · · · · · · · · · · · | DATE | | |
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