2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200061851

1. Entity Name
GAINESVILLE OUTPATIENT BILLING SERVICES, INC.



FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90180 032 ***150.00

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		Mailing Address			·				
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Suite	Apt. #, etc.	Suite, Apt. #, etc.	30 QU	_					
	te 18 Suite 18				☐ CHECK HERE	IF MAKING O	CHANGES		
City &				4	4. FEI Number Applied For			٦	
/	resville, FL Gainesville,			1	016010- EC	(3		t Applicable	1
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321	oble Plachua	32606 H	Machu	<u>ه</u> ا ۶.	. Certificate of Status Desired		e Require		
	6. Name and Address of Current Reg	istered Agent		7.	Name and Address of New	Registered Ag	ent		1
			Name]
ST. L	WRENCE, DANNA R	Stroot A	Street Address (DO Pay Number is Not Assentable)						
519 N	W 60TH STREET **	Street A	Street Address (P.O. Box Number is Not Acceptable)						
GAINE	SVILLE FL 32607				· · · · · · · · · · · · · · · · · · ·	*			1
	5. 1 _w	÷	<u></u>						-
			City			FŁ	Zip Cod	e	
8. The al	pove named entity submits this statement for the	purpose of changing its re	egistered office or	registered a	agent, or both, in the State of F	orida. I am far	niliar with,	and accept	1
the o	ligations of registered agent.								
CICNIATI	·								
SIGNATU	Signature, typed or printed name of registered agent and tit	tle if applicable. (NOTE: F	Registered Agent signat	ure required wher	r reinstaling)	DATE			
	FICE NOW!!! FEE IS \$150.00		بهند الندو الساد						1-
1	After May 1, 2003 Fee will be \$550.00				9. Election Campaign F		\$5.0	0 May Be	
- 1	neck Payable to Florida Department of Sta	ate			Trust Fund Contribution	on. 📙	Added	I to Fees	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11	┨
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12. I hereby certify that the information supplied with this filling 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: DESCRIPTION DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cayuma Phone *

Cayuma Phone *

Cayuma Phone *

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