

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

DOCUMENT # **P02000068201**

1. Entity Name
ACTIVE MEDICAL BILLING, INC.



Principal Place of Business
**3418 SW 8 STREET
MIAMI FL 33135**

Mailing Address
**3418 SW 8 STREET
MIAMI FL 33135**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**MAYTIN, ANTONIO
3418 SW 8 STREET
MIAMI FL 33135**

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!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **MAYTIN, ANTONIO**
STREET ADDRESS **3418 SW 8 STREET**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

RE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 17, 2003 8:00 am
Secretary of State**

03-31-2003 90115 020 ***150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3688404** Applied For
 Not Applicable

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

6. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

7. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. Added to Fees

CR2E034 (10/02)