

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-10-2003 90084 029 ***150.00

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

DOCUMENT # P02000101937



1. Entity Name
ADVANCE MEDICAL BILLING SYSTEM INC.

Principal Place of Business
175 FOUNTAINBLEAU BLVD A1
MIAMI FL 33172

Mailing Address
175 FOUNTAINBLEAU BLVD A1
MIAMI FL 33172



2. Principal Place of Business
175 Fountainbleau Blvd
Suite, Apt. #, etc.
Suite 1A1
City & State
Miami FL
Zip
33172
Country
Dade

3. Mailing Address
175 Fountainbleau Blvd
Suite, Apt. #, etc.
Suite 1A1
City & State
Miami FL
Zip
33172
Country
Dade

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, MAGALYS
175 FOUNTAINBLEAU BLVD A1
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
Magalys Vazquez
Street Address (P.O. Box Number is Not Acceptable)
175 Fountainbleau Suite 1A1
City
Miami FL Zip Code
33172

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
magalys Vazquez
175 Fountainbleau Blvd
Suite 1A1
Miami FL 33172

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Magalys Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/6/2003

Date

Daytime Phone #

CR2E034 (10/02)