

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90457 005 \*\*\*158.75

0227112 AV

**DOCUMENT # P02000107418**

1. Entity Name

**MEDICAL BILLING SERVICES OF SOUTH FLORIDA, INC.**



Principal Place of Business

**7 MONTILLA AVENUE  
MIAMI FL 33134**

Mailing Address

**7 MONTILLA AVENUE  
MIAMI FL 33134**

2. Principal Place of Business

**7 MONTILLA AVE.**

3. Mailing Address

**7 MONTILLA AVENUE**

Suite, Apt. #, etc.

**C**

Suite, Apt. #, etc.

**C**

City & State

**MIAMI, FL**

City & State

**CORAL GABLES, FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

4. FEI Number

**22-3876953**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DEL BUSTO-SOSA, SARIBEL  
7 MONTILLA AVENUE  
MIAMI FL 33134**

7. Name and Address of New 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/15/03**

**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 **P** ☐ Delete  
NAME **DEL BUSTO-SOSA, SARIBEL**  
STREET ADDRESS **7 MONTILLA AVENUE**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **VP** ☐ Delete  
NAME **SOSA, RAFAEL A**  
STREET ADDRESS **7 MONTILLA AVENUE**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*

Date

Daytime Phone #

**(786) 457-1543**

CR2E034 (10/02)