

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90211 020 \*\*\*150.00

**DOCUMENT # P02000123733**

1. Entity Name  
**PHYSICIAN'S BILLING MANAGEMENT, INC.**



Principal Place of Business  
**14030 MUSTANG TRAIL  
SOUTHWEST RANCHES FL 33330**

Mailing Address  
**14030 MUSTANG TRAIL  
SOUTHWEST RANCHES FL 33330**



2. Principal Place of Business  
**12555 ORANGE DRIVE**

Suite, Apt. #, etc.  
**214**

3. Mailing Address  
**12555 ORANGE DRIVE**

Suite, Apt. #, etc.  
**214**

City & State  
**DAVIE, FLORIDA**

City & State  
**DAVIE, FLORIDA**

Zip  
**33330**

Country  
**U.S.A.**

Zip  
**33330**

Country  
**U.S.A.**

4. FEI Number  
**13-4220257**

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

**ZAFFINO, ROBERT**  
~~**14030 MUSTANG TRAIL**~~  
~~**SOUTHWEST RANCHES FL 33330**~~

## 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

(NOTE: Registered Agent signature required when reinstating)

**3/14/03**

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 **P** ☐ Delete  
NAME **ZAFFINO, ROBERT**  
STREET ADDRESS **14030 MUSTANG TRAIL**  
CITY-ST-ZIP **SOUTHWEST RANCHES FL 33330**

TITLE **VP** ☐ 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **12555 ORANGE DRIVE #214**  
CITY-ST-ZIP **DAVIE, FLORIDA 33330**

TITLE ☐ Change ☒ Addition  
NAME **INGA GELLER**  
STREET ADDRESS **12555 ORANGE DRIVE #214**  
CITY-ST-ZIP **DAVIE, FLORIDA 33330**

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:

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

**3/14/03 84-862-1770**  
Date Daytime Phone #

CR2E034 (10/02)