FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92208 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000124543

1. Entity Name
Allyance Medical Billing Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
358 Pine Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3246
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Cocoa, Fl
Zip: 32922 Country: USA

City & State: Cocoa, Fl 32924
Zip: 32924 Country: USA

4. FEI Number: 02-0666260 [ ] Applied For [ ] Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Kim Mangum
Street Address (P.O. Box Number is Not Acceptable): 358 Pine Ave
City: Cocoa FL Zip Code: 32922

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: Kimetha F. Mangum
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President, T. S. D. C, M	TITLE	
NAME	Kim Mangum	NAME	
STREET ADDRESS	358 Pine Ave	STREET ADDRESS	
CITY-ST-ZIP	Cocoa, Fl 32922	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Julian S. Mangum III	NAME	
STREET ADDRESS	358 Pine Ave	STREET ADDRESS	
CITY-ST-ZIP	Cocoa, Fl 32922	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kimetha F. Mangum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/25/03

Daytime Phone #: 321 633-8378

Kimetha F. Mangum