FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P02000124543

1. Entity Name
Allyance Medical Billing Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
358 Pine Ave	P.O. Box 3246
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa, Fl	City & State: Cocoa, Fl 32924
Zip: 32922 Country: USA	Zip: 32924 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-06662260 ☐ 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 J. 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
NAME	Kim Mangum
STREET ADDRESS	358 Pine Ave
CITY-ST-ZIP	Cocoa, Fl 32922
TITLE	Vice President
NAME	Julian S. Mangum III
STREET ADDRESS	358 Pine Ave
CITY-ST-ZIP	Cocoa, Fl 32922

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 J. Mangum 3/25/03 (321) 633-8378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kimetha F. Mangum