

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

DOCUMENT # P02000129716

1. Entity Name

DOCTORS MANAGEMENT AND BILLING SERVICE,
CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1217-C S MILITARY TRAIL

Suite, Apt. #, etc.

3. Mailing Address

1217-C S MILITARY TRAIL

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33415

Country

US

Zip

33415

Country

US

4. FEI Number

41-2073234

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

ALVIN J. AARON

Street Address (P.O. Box Number is Not Acceptable)

11510 SW 92 ST

City

MIAMI

FL

Zip Code
33176

**DO NOT WRITE
IN THIS SPACE**

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
AARON, ALVIN J.
11510 SW 92 ST
MIAMI, FL 33176

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

900023960849
10/21/03--01018--025 **150.00

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DS
MARTINEZ, RICARDO R.
1117 NW 135 CT.
MIAMI, FL 33182

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DT
LOPEZ, RICARDO A.
2581 VILLAS BLVD. APT 403
WEST PALM BEACH, FL 33409

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
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TITLE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/2003

Date

Daytime Phone #

262

October 8, 2003

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

DOC #: P02000129716

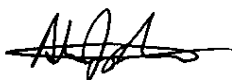
To Whom This May Concern,

I am writing this letter because I have been inform by my accountant that my corporation DOCTORS MANAGEMENT AND BILLING SERVICE, CORP., has been dissolved for failure to send in my Uniform Business report for the year 2003 and payment of the renewal fee. I have not yet received any correspondence in the mail to renew my corporation.

I have enclosed a check for the amount of \$150.00 to pay for the 2003 renewal with a complete Uniform Business Report. Thank you for your help in this matter. If there is anything else that needs to be done please contact me.

Sincerely,

DOCTORS MANAGEMENT AND BILLING SERVICE, CORP.



Alvin J. Aaron
Director/President