

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/4/2003-90059-023-\$150.00-\$150.00

DOCUMENT # P02000131931

1. Entity Name
PREMIUM MEDICAL BILLING, INC.



03 SEP 25 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
175 FOUNTAINBLEU BLVD STE 1N2
MIAMI FL 33172

Mailing Address
175 FOUNTAINBLEU BLVD STE 1N2
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3729110

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

7. Name and Address of New Registered Agent

CARBALLO, FELIX R
175 FOUNTAINBLEU BLVD STE 1N2
MIAMI FL 33172

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
DPV
CARBALLO, FELIX R
175 FOUNTAINBLEU BLVD STE 1N2
MIAMI FL 33172 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
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CARBALLO, FELIX R
175 FOUNTAINBLEU BLVD STE 1N2
MIAMI FL 33172 ☐ Delete

TITLE NAME
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☐ Change ☐ Addition

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☐ Delete

TITLE NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Felix R. Carballo 8/27/03 (305) 551-8888

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

86143428
P02000131931

AUG 27, 2003

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN

I AM HEREBY ATTACHING THE UBR FROM PREMIUM MEDICAL
BILLING, INC.

THIS DOCUMENT WAS NOT FILED BEFORE SINCE WE NEVER
GOT A PRIOR NOTICE FOR FILING.

WE WOULD LIKE THE LATE CHARGE FEE TO BE WAIVED AT
THIS TIME, DUE TO OUR INVOLUNTARY DELAY.

RESPECTFULLY YOURS

Felix R. Carballo

FELIX R. CARBALLO
PREMIUM MEDICAL BILLING