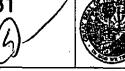
9/4/2003-90059-023-\$150.00:\$150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000131931 **DOCUMENT #** 1. Entity Name PREMIUM MEDICAL BILLING, INC.



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

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SEUNLYARY OF STATE TALLAHASSEE, FLORIDA



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2. Principal Place of Business			3. Mailing Address				s i fittiedet ein Erries eraen deibr deit	(#31#1 11 4 11	HE1 21878 1819	9 49: 27 1181 1321	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	4. FEI Number 04-3729110 Applied For Not Applicable				
Zip	Zip Country		Zip		untry 5.		Certificate of Status Desired	□ , \$-	8,75 Ade	ditional	
6. Name and Address of Current Registered Agent						7. N	lame and Address of New Re	gistered Ag	ent		
CARBALLO, FELIX R					a Name						
	•	BLVD STE 1N2	Street Addres			ess (P.O. B	(P.O. Box Number is Not Acceptable)				
MIAMI FL	33172							·			
.					City			FL	Zip Cod	e	
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 stransture 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							Election Campaign Fina Trust Fund Contribution.		\$5.0 Added	May 8e to Fees	
10. OFFICERS AND DIRECTORS 11.						ADI	DITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D, FELIX R ITAINBLEU BLVD STE 11	Delete					C	Changé	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARBALL), FELIX R ITAINBLEU BLVD STE 11	☐ Dekde	TITLE NAME STREE					Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Daleta	•			,	C] 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 original like empowered.

attachment

102000131531

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

PREMIUM MEDICAL BILLING