

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

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90007 014 ***150.00

DOCUMENT # P07000067410
1. Entity Name
Medivance Billing Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10670 NW 17th Court Suite, Apt. #, etc.	3. Mailing Address 10670 NW 17th Court Suite, Apt. #, etc.
City & State Plantation, FL	City & State Plantation, FL
Zip 33322	Country USA

4. FEI Number 26-0320968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Zarina N. Chin
Street Address (P.O. Box Number is Not Acceptable) 10670 NW 17th Court
City Plantation
FL
Zip Code 33322

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  **Zarina N. Chin** **1/9/2008**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Zarina N. Chin 10670 NW 17th Court Plantation, Florida 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. Vice President/Director Neisha Carter 10670 NW 17th Court Plantation, Florida 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Tax Consultant Clifton H. Rodriguez, CPA 3146 NW 68th Street, Ste. No. 1 Fort Lauderdale, Florida 33309-1206
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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:  **Zarina N. Chin, President/CEO** **1/9/2008** **(954)476-3055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**