

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90099 029 ***150.00

DOCUMENT # P92000014445

1. Entity Name
SPEEDY MEDICAL BILLING, INC.



Principal Place of Business
301 FLYROD CIR
ORLANDO FL 32825

Mailing Address
301 FLYROD CIR
ORLANDO FL 32825



2. Principal Place of Business

6568 CRESTMONT GLEN LANE

3. Mailing Address

6568 CRESTMONT GLEN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WINDERMERE, FL 34786

City & State
WINDERMERE, FL 34786

4. FEI Number **59-3154971**

Applied For
Not Applicable

Zip

Country

ORANGE

Zip

Country

ORANGE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUJAAT, SANJEEDA
301 FLYROD CIR
ORLANDO FL 32825

Name

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

6568 CRESTMONT GLEN LANE

City

WINDERMERE,

FL

Zip Code

34786

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 *X Sanjeeda M. Dujarat*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SHUJAAT, SANJEEDA**
STREET ADDRESS **301 FLYROD CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32825**

☒ Change ☐ Addition
TITLE
NAME **6568 CRESTMONT GLEN LANE**
STREET ADDRESS **WINDERMERE, FL 34786**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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: *X Sanjeeda M. Dujarat*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date

Daytime Phone #

CR2E034 (10/02)