

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

DOCUMENT # *P 930000 13748*

1. Entity Name

PRONTO MEDICAL BILLING CENTER INC

FILED

03 MAY -8 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 CORAL WAY

3. Mailing Address

1900 CORAL WAY

Suite, Apt. #, etc.

404

Suite, Apt. #, etc.

404

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

Applied For

Not Applicable

Zip

33145-2611

Country

USA

Zip

33145-2611

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ORTIZ ANA M

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

7330 OCEAN TERR #1202

City

MIAMI Beach

FL

Zip Code

33141

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

*P
ORTIZ, ANA M
7330 OCEAN TERR.
MIAMI Beach FL 33141*

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

*200019738722
05/22/03--01053--007 **150.00*

TITLE

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ana M. Ortiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4/28/03

CR2E034B (12/01)