

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90074 004 ***150.00

DOCUMENT # P94000012601

1. Entity Name

E.C. MEDICAL BILLING, INC.

Principal Place of Business

**7174 SW 47TH ST
MAIMI FL 33155
US**

Mailing Address

**PO BOX 144070
CORAL GABLES FL 33114-4070
US**

2. Principal Place of Business

3. Mailing Address

4868 SW 72 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33155

US

4. FEI Number **65-0470686**

Applied For

Not Applicable

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

**MIAMI CORPORATE SYSTEMS INC.
5200 BLUE LAGOON DR.
SUITE 700
MIAMI FL 33126**

Name

CRISTINA MURCIANO

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

430 Grand Bay Drive

Apt 401

City

Key Biscayne

FL

Zip Code

33149

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

Cristina Murciano

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

(NOTE: Registered Agent signature required when reinstating)

1/30/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☐ Delete
NAME **MURCIANO, CRISTINA**
STREET ADDRESS **361 LOS PINOS PL**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PRES** ☒ Change ☐ Addition
NAME **MURCIANO, CRISTINA**
STREET ADDRESS **430 Grand Bay Dr Apt 401**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cristina Murciano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-01

Date

305-479-3180

Daytime Phone #

CR2E034 (10/00)