

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90255 008 ***150.00

DOCUMENT # P94000037718

1. Entity Name

PHYSICIANS BILLING CENTER OF SARASOTA, INC.

Principal Place of Business

**1960 STICKNEY POINT ROAD
 STE 202
 SARASOTA FL 34231
 US**

Mailing Address

**1960 STICKNEY POINT ROAD
 STE 202
 SARASOTA FL 34231
 US**

2. Principal Place of Business

2710 ELOISE ST

Suite, Apt. #, etc.

3. Mailing Address

2710 ELOISE ST

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34231

Country

USA

Zip

34231

Country

USA

4. FEI Number

65-0492729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WAID, RICHARD S.
 2623 SIESTA DRIVE
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Susan S Lowrey

4/17/01

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) ☐

**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

TITLE	P	<input type="checkbox"/> Delete
NAME	LOWREY, SUSAN S	
STREET ADDRESS	2710 ELOISE ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Susan S Lowrey

Susan S. Lowrey

4/17/01

941-9556636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **K222**

CR2E034 (10/00)