

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91311 014 ***150.00

DOCUMENT # P94000056486

1. Entity Name
E-XCEL MEDICAL BILLING, INC.

Principal Place of Business

**8743 NW 146 LANE
HIALEAH FL 33018**

Mailing Address

**8743 NW 146 LANE
HIALEAH FL 33018**

2. Principal Place of Business

3. Mailing Address

7927 W 30 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, Florida

4. FEI Number **65-0511464**

Applied For

Not Applicable

Zip

Country

Zip

Country

33018

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

**TORRES, ELIZABETH
8743 NW 146 LANE
HIALEAH FL 33018**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **TORRES, ELIZABETH**
STREET ADDRESS **2645 W 72 ST**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **TORRES, OTHNIEL S.**
STREET ADDRESS **2645 W 72 ST**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Elizabeth Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2001 305-819-6288
Date Daytime Phone #

CR2E034 (10/00)