

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000073401**

1. Entity Name

**M F G MEDICAL BILLING SERVICE, INC.**

Principal Place of Business

**14221 SW 38TH ST  
MIAMI FL 33175**

Mailing Address

**14221 SW 38TH ST  
MIAMI FL 33175**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**CARMENATE, SONIA  
4940 S.W. 115TH AVE.  
MIAMI FL 33165**

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

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           | <b>D</b>                 | <input type="checkbox"/> Delete |
| NAME            | <b>CARMENATE, EVELIO</b> |                                 |
| STREET ADDRESS  | <b>4940 SW 115 AVE</b>   |                                 |
| CITY - ST - ZIP | <b>MIAMI FL</b>          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> Delete |
| NAME            |                          |                                 |
| 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            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |
| 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            |  |   |
| STREET ADDRESS  |  |   |
| 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:

*Evelio Carmenate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/01*

Date

*(305) 228-5117*

Daytime Phone #

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90108 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0220596

CR2E034 (10/00)