

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035470

1. Entity Name

ACCURATE MEDICAL BILLING SERVICES OF CENTRAL FLO  
RIDA, INC.

Principal Place of Business

377 MAITLAND AVE.  
SUITE 211  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address

P O BOX 948606  
MAITLAND FL 32794-8606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip

Country

4. FEI Number

59-3312400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ZAMAN, MOHAMMED B  
377 MAITLAND AVE.  
SUITE 211  
ALTAMONTE SPRINGS FL 32701

## 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

*Mohammed Zaman* OWNER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/05/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P ZAMAN, MOHAMMED B 377 MAITLAND AVE., SUITE 211 ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAMAN, AHMADI B 377 MAITLAND AVE., SUITE 211 ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Mohammed Zaman* MOHAMMED B ZAMAN 02/05/02 407 830  
5080  
1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #