


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90168 019 \*\*\*150.00

DOCUMENT # **P95000035470**

Entity Name  
**ACCURATE MEDICAL BILLING SERVICES OF CENTRAL FLORIDA, 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  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
**Suite 207**  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country



☒ CHECK HERE IF MAKING CHANGES

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)  
**Suite 207**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mohammed B Zaman* **MOHAMMED B ZAMAN** 02/17/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ZAMAN, MOHAMMED B 377 MAITLAND AVE., SUITE 211 ALTAMONTE SPRINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Suite 207</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mohammed B Zaman* **MOHAMMED B ZAMAN** 02/17/2003 401 830 5080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X222**

CR2E034 (10/02)