

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90099 033 ***150.00

DOCUMENT # P95000065690

1. Entity Name
MONAHAN & VIENS PROFESSIONAL BILLING, INC.

Principal Place of Business
2206 SOUTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435

Mailing Address
2206 SOUTH SEACREST BOULEVARD
BOYNTON BEACH FL 33435



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5639 WESTERN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH, FL

4. FEI Number

65-0612649

Applied For

Not Applicable

Zip

Country

Zip

Country

33463

USA

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

BARBAREE, SUSAN L

2206 SOUTH SEACREST BOULEVARD

BOYNTON BEACH FL 33435

Name

BARBAREE, SUSAN L.

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

5639 WESTERN WAY

City

LAKE WORTH FL

Zip Code

33463

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 L. BARBAREE**

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

Susan L. Barbaree

(NOTE: Registered Agent signature required when reinstating)

1/30/02

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, 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	PSD	<input type="checkbox"/> Delete
NAME	BARBAREE, SUSAN	
STREET ADDRESS	5639 WESTERN WAY	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MONAHAN, JULIE W	
STREET ADDRESS	STAFFORD CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBAREE, CRAIG T.	
STREET ADDRESS	5639 WESTERN WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
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:

Susan L. Barbaree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/02

1/30/02

CR2E034 (9/01)