

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000067013

FILED
Jan 06, 2003
Secretary of State

Entity Name: NATIONAL MEDICAL CODERS, INC.

Current Principal Place of Business:

1101 NW 119TH AVE.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANCE ONE INCORPORATION
690 STOCKTON DRIVE, SUITE 200
EXTON, PA 19341

New Mailing Address:

C/O ALLIANCE ONE INCORPORATION
717 CONSTITUTION DR, SUITE 202
EXTON, PA 19341

FEI Number: 65-0646079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABOUD, SAMMY
1101 NW 119TH AVE.
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MAUCH, ROBERT C
Address: 690 STOCKTON DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

Title: S () Delete
Name: DEBBAS, CHRISTOPHER J
Address: 690 STOCKTON DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

Title: T () Delete
Name: WEIKEL, TERRY
Address: 690 STOCKTON DRIVE, SUITE 200
City-St-Zip: EXTON, PA 19341

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY D. WEIKEL

T

01/06/2003

Electronic Signature of Signing Officer or Director

Date