

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014778

1. Entity Name

A & G PROFESSIONAL MEDICAL BILLING SERVICES, INC

Principal Place of Business

12217 S.W. 16TH TERRACE
SUITE B103
MIAMI FL 33175

Mailing Address

12217 S.W. 16TH TERRACE
SUITE B103
MIAMI FL 33175

2. Principal Place of Business

14264 SW 145 Place

3. Mailing Address

14264 SW 145 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

Zip

33186

Country

Miami-Dade

Zip

33186

Country

Miami-Dade

6. Name and Address of Current Registered Agent

ANZOLA, GRACIELA
12217 S.W. 16TH TERRACE
#B103
MIAMI FL 33175

14264 SW 145 Place
Miami FL 33186

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 PD
NAME ANZOLA, GRACIELA
STREET ADDRESS 12217 S.W. 16TH TERRACE #B103
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE VD
NAME ANZOLA, ALVARO
STREET ADDRESS 12217 S.W. 16TH TERRACE #B103
CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE D
NAME PEREZ, ELEUFERIO
STREET ADDRESS 13471 SW 103 ST
CITY-ST-ZIP MIAMI FL 33186 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 *Graciela Anzola* GRACIELA ANZOLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-23-2001 90022 041 ***150.00



DO NOT WRITE IN THIS SPACE

0218307

CR2E034 (10/00)