

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL -2 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000016572
1. Entity Name Medical Billing Concepts, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
211 S. FEDERAL HWY
Suite, Apt. #, etc. 7+B
City & State Boynton Bch, FL
Zip 33435 Country Palm Bch

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

REINSTATEMENT 01-02
DO NOT WRITE IN THIS SPACE

4. FEI Number 74 2814638 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name DANA K. THOMPSON
Street Address (P.O. Box is also acceptable) 46 Citrus Pl Dr
City Boynton Bch FL Zip Code 33436

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 Dana K Thompson
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)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President Thompson, Dana K 211 S. FEDERAL HWY #7 Boynton Bch FL 33435</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President Byrnes James 2 MD 227 George Bush Blvd Delray Bch, FL 33433</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec - Treas Bush, Chester F. 211 S. Federal Hwy #8 Boynton Bch, FL 33435</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300006235193</u> <u>07/08/02 01003 030</u> <u>****900.00 ****900.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>M/15</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CRE0348 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like-empowered.

SIGNATURE: Dana K Thompson 6-12-02 561-733-8386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #