

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000054650

1. Entity Name

MEDBILL SYSTEMS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90177 047 ***150.00

Principal Place of Business

902 SW 176TH AVE
 PEMBROKE PINES FL 33029

Mailing Address

902 SW 176TH AVE
 PEMBROKE PINES FL 33029-4835

2. Principal Place of Business

17258 SW 13 St.
 Suite, Apt. #, etc.

3. Mailing Address

same as #2
 Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

FL

4. FEI Number

65-0683203

Applied For

Not Applicable

Zip

33029

Country

Broward

Zip

Country

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

MELGAREJO, ORESTES
 902 SW 176TH AVE
 PEMBROKE PINES FL 33029

Name Melgarejo, Orestes

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

17258 SW 13 St.

City Pembroke Pines

FL

Zip Code 33029

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

Orestes Melgarejo

4/26/00

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, 2000 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 P ☐ Delete
 NAME MELGAREJO, LORENA A
 STREET ADDRESS 902 SW 176TH AVE 17258 SW 13 St.
 CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE VP ☐ Delete
 NAME MELGAREJO, ORESTES
 STREET ADDRESS 902 SW 176TH AVE 17258 SW 13 St.
 CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Orestes Melgarejo
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/26/00

Date

954-430-2090

Daytime Phone #

CR2E034 (9/99)