## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000067095

1. Entity Name

UNITED MEDBILLING OF FLA, INC.



Principal Place of Business

175 FOUNTAINBLEAU BLVD

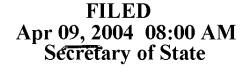
MIAMI, FL 33172 US

Mailing Address

175 FOUNTAINBLEAU BLVD

141

MIAMI, FL 33172 US





## DO NOT WRITE IN THIS SPACE

03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0694488 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, MAGALYS 11215 NW 2 TER. MIAMI, FL 33172

## DO NOT WRITE IN THIS SPACE

			III THIS STACE		
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 I am familiar with, and accept the obligations of registered agent					
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
Fil. After Ma	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY - ST - ZIP	PD VAZQUEZ, MAGALYS 175 FONTAINEBLEAU BLVD., STE.1- MIAMI, FL 33172	A-1			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VD MEDEROS, NAZARIO 175 FONTAINEBLEAU BLVD., STE.1-A-1 MIAMI, FL 33172			04/09/04-80032-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAZQUEZ, DAVID 175 FOUNTAINBLEAU BLVD 1A1 MIAMI, FL 33172			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attaphment with an address, with all other like empowered

SIGNATURE: / / agail

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DISECTOR

4/5/2004

Daytime Phone ≱