2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067095

P O BOX 8676

UTICA, NY 13505

Address: City-St-Zip:

Entity Name: UNITED MEDBILLING OF FLA, INC.

FILED May 01, 2007 Secretary of State

•		,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1802 WHI ⁻ UTICA, NY	TESBORO ST / 13502 US				
Current Mailing Address:			New Mailing Address:		
P O BOX 8 UTICA, NY		3			
FEI Number:	: 65-0694488	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SECOND UTICA, FL The above	named entity of Florida.		urpose of changing its registered	d office or registered agent, or both,	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not grant Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (VAZQUEZ, MA P O BOX 8676 UTICA, NY 13:	i	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (X MEDEROS, NA 3134 SW 24 T MIAMI, FL 331	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VD (VAZQUEZ, DA') Delete VID	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: MAGALYS VAZQUEZ PD 05/01/2007