

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

APPROVED
AND
FILED

DOCUMENT # **096000082400**

1. Entity Name

PRS BILLING COMPANY

02 OCT -4 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3635 Le Jeune Rd

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

4. FEI Number

59-3408672

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Juan F. Herrera

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

3635 Le Jeune Rd

City

Coral Gables

FL

Zip Code

33134

8. The above named entity certifies 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)

10/3/2002

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
PSTD	Juan F. Herrera	3635 Le Jeune Rd	Coral Gables, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 and 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2002 **(305) 444-4200**

CR2E034B (12/01)



PRS

October 3, 2002

Florida Secretary of State
Division of Corporations
409 E Gaines Street
Tallahassee, FL 32399

ATTENTION: Mrs. Eula Peterson

Dear Mrs. Peterson:

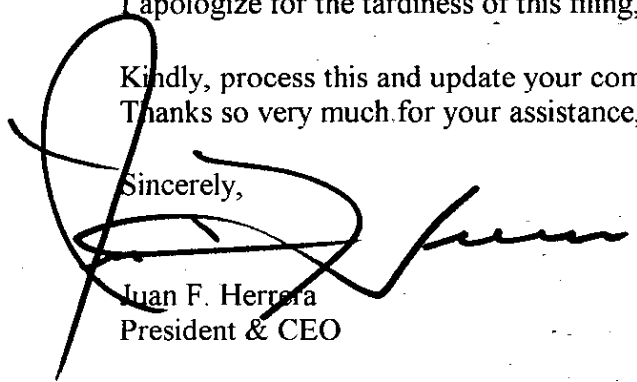
RE: PRS BILLING COMPANY
2002 Annual Report

As per our telephone conversation this morning enclosed find our check for \$150.00 covering the fee for the above report.

I apologize for the tardiness of this filing, but I did not receive the notice for this renewal.

Kindly, process this and update your computer records accordingly to reflect this filing.
Thanks so very much for your assistance, patience and understanding.

Sincerely,



Juan F. Herrera
President & CEO

Enclosures

P.R.S. BILLING COMPANY

MEDICAL BILLING • PATIENT ACCOUNTS MANAGERS • CONSULTING
3635 LE JEUNE ROAD • CORAL GABLES, FL 33134-7161 • (305) 444-4200