

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000087381**1. Entity Name
BAY AREA MEDICAL BILLING, INC.

Principal Place of Business 8910 HATFIELD CT TAMPA 33615 US	FL	Mailing Address 7028 W WATERS AVE STE 220 TAMPA 33615 US	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7028 W WATERS AVE STE 220 Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL
Zip 33615	Country US

4. FEI Number
59-3405453
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentAMERILAWYER CHARTERED
343 ALMERIA AVENUE

CORAL GABLES
33134
US

FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____ DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DPST	☐ Delete
NAME	HICKMAN CHERYL D	
STREET ADDRESS	8910 HATFIELD CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	☒ Change ☐ Addition
NAME	BOWMAN CHERYL D	
STREET ADDRESS	8910 HATFIELD CT	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: CHERYL D BOWMAN

DPST 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)