

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90079 049 ***150.00

DOCUMENT # P97000005442

1. Entity Name

TRI COUNTY MEDICAL BILLING SERVICES, INC.

Principal Place of Business

Mailing Address

3949 EVANS AVENUE
 SUITE 102
 FORT MYERS FL 33901

3949 EVANS AVENUE
 SUITE 102
 FORT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0727736**

Applied For

Not Applicable

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

GREEN, BRUCE D
 12800 UNIVERSITY DRIVE
 SUITE 600
 FORT MYERS FL 33907

Name **GREEN, BRUCE D.**
 Street Address (P.O. Box Number is Not Acceptable)
1520 ROYAL PALM Square Blvd.
Ste 320
 City **Ft. MYERS** FL Zip Code **33919**

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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MANALILI, SIMEON	
STREET ADDRESS	3949 EVANS AVE STE 102	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANTONIO, ROBERT	
STREET ADDRESS	3949 EVANS AVE STE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBERT, EID E	
STREET ADDRESS	3949 EVANS AVE STE 102	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHAEL, HEDDEN M	
STREET ADDRESS	3949 EVANS AVE STE 102	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIGLIORE, ANTHONY D	
STREET ADDRESS	3949 EVANS AVE STE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISBEE, CHARLES A	
STREET ADDRESS	3949 EVANS AVE STE 102	
CITY-ST-ZIP	FORT MYERS FL 33901	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOTRA JOSEPH	
STREET ADDRESS	3949 EVANS AVE, STE 102	
CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, ROBERT M.	
STREET ADDRESS	3949 EVANS AVE, STE 102	
CITY-ST-ZIP	Ft. MYERS, FL 33901	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EID, ROBERT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDDEN, MICHAEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISBEE, Charles A.	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)