

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90140 028 \*\*\*150.00

**DOCUMENT # P97000019255**

**1. Entity Name**  
**ROXY'S MEDICAL BILLING, INC.**

**Principal Place of Business**

**1790 WEST 49 ST  
 STE 415  
 HIALEAH FL 33012**

**Mailing Address**

**1790 WEST 49 ST  
 STE 415  
 HIALEAH FL 33012**

**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 65-0732807**

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**

**LYNN, ROXANA  
 6255 SW 129TH PL., #2203  
 MIAMI FL 33183**

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** *Roxana Lynn*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*(305) 826 5887 4/25/02*

**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, 2002 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** **DP** ☐ Delete  
**NAME** **LYNN, ROXANA**  
**STREET ADDRESS** **6255 SW 129TH PL., STE. 2203**  
**CITY-ST-ZIP** **MIAMI FL 33183**

**TITLE** **VP** ☐ Change ☒ Addition  
**NAME** **MARIA E. Ramirez**  
**STREET ADDRESS** **6255 SW 129 PL Apt 2203**  
**CITY-ST-ZIP** **MIAMI FL 33183**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**TITLE** ☐ Change ☐ Addition  
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)