

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019255

1. Entity Name  
ROXY'S MEDICAL BILLING, INC.Principal Place of Business  
1790 WEST 49 ST  
STE 415  
HIALEAH FL 33012Mailing Address  
1790 WEST 49 ST  
STE 415  
HIALEAH FL 330122. Principal Place of Business  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
Zip  
CountryCity & State  
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

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

Name

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

City

FL Zip Code

## 7. Name and Address of New Registered Agent

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

(305)8265887 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 State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	OP LYNN, ROXANA 6255 SW 129TH PL, STE. 2203 MIAMI FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP MARIA E. RAMIREZ 6255 SW 129 PL Apt 2203 MIAMI FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Roxana Lynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (305)8265887

Date

Daytime Phone #

CR2E034 (9/01)

2002  
CORPORATION  
FILING  
FEE