

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90018 042 ***150.00

DOCUMENT # *P97000107490*
1. Entity Name
On line Medical Billing Service Inc.

Principal Place of Business
2365 W 74 ST. #104
Hialeah, FL 33016

Mailing Address
2365 W 74 ST. #104
Hialeah, FL 33016

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0805199

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Nilda Carballo
2365 W 74 ST. #104
Hialeah FL 33016

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 *Cecilia Carballo - Pres.*
Signature, typed or printed name of registered agent and title if applicable

4-20-00
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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres. TREAS.</i> <i>Nilda Carballo</i> <i>2365 W 74 ST. #104</i> <i>Hialeah FL 33016</i>	☐ Delete
TITLE NAME STREET ADDRESS ST-ZIP	<i>Vice Pres.</i> <i>Isis M. Carballo</i> <i>2365 W 74 ST. #104</i> <i>Hialeah FL 33016</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec.</i> <i>Yvonne Maria Carballo</i> <i>2365 W 74 ST. #104</i> <i>Hialeah FL 33016</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *Cecilia Carballo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00
Date

(305) 558-2577
Daytime Phone #