FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90237 037 ***150.00

661684

DOCUMENT # P97000107490

1. Entity Name: On line Medical Billing Services Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2365 W 74 Street		2365 W 74 Street	
Suite, Apt. #, etc.: 104		Suite, Apt. #, etc.: 104	
City & State: Hialeah Fl.		City & State: Hialeah Fl.	
Zip: 33016	Country: USA	Zip: 33016	Country: USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carballo, Nilda

Street Address (P.O. Box Number is Not Acceptable): 2365 W 74 St. ste 104

City: Hialeah **FL** Zip Code: 33016

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] Nilda Carballo 4-30-02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTD
NAME	Nilda S. Carballo
STREET ADDRESS	2365 W 74 St. ste 104
CITY-ST-ZIP	Hialeah Fl. 33016
TITLE	VD
NAME	Isis M. Valdes-Orozco
STREET ADDRESS	2365 W 74 St. ste 104
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	SD
NAME	Ivonne M. Carballo
STREET ADDRESS	2365 West 74 St. #104
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-30-02 (305) 558-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #