

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025181

1. Entity Name

MEDICAL OUTSOURCE BILLING SERVICE, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90451 004 \*\*\*150.00

Principal Place of Business

10602 NW 49TH PLACE  
CORAL SPRINGS FL 33076

Mailing Address

10602 NW 49TH PLACE  
CORAL SPRINGS FL 33076

00043702

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0820040**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOLINA, JUAN A  
10602 NW 49TH PLACE  
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

Barry S. Backer

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

10602 NW 49 Place

City

Coral Springs,

FL

Zip Code

33076

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

*B. Backer*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4.22.01

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

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MOLINA, JUAN A  
627 NE 10TH AVENUE  
FT. LAUDERDALE FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BACKER, BARRY S  
10602 NW 49TH PLACE  
CORAL SPRINGS FL 33076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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:

*B. Backer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4.22.01

Daytime Phone #

CR2E034 (10/00)