

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 021 ***150.00

DOCUMENT #

1. Entity Name

Medbill Management p9806
Consultants, Inc. ✓

DO NOT WRITE IN THIS SPACE

80068630

2. Principal Place of Business

3637 Barbados Ave

3. Mailing Address

3637 Barbados Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cooper City, FL

City & State

Cooper City, FL

4. FEI Number

65-0834949

Applied For

Not Applicable

Zip

Country

33026

USA

Zip

Country

33026

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Sharon Hall*

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

3637 Barbados Ave

City *Cooper City*

FL

Zip Code *33026*

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

4/8/02
DATE

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 *President*
NAME *Sharon Hall*
STREET ADDRESS *3637 Barbados Ave*
CITY-ST-ZIP *Cooper City, FL 33026*

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**DO NOT WRITE
IN THIS SPACE**

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] president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
Date

954-392-8255
Daytime Phone #

CR2E034B (12/01)