

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042463

1. Entity Name

HORIZON MEDICAL BILLING, INC.

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90035 010 \*\*\*150.00

709841



DO NOT WRITE IN THIS SPACE

Principal Place of Business

65 THIRD ST. N.W., STE. 206  
WINTER HAVEN FL 33880

Mailing Address

65 THIRD ST. N.W., STE. 206  
WINTER HAVEN FL 33880

2. Principal Place of Business

716 Ave A NW

3. Mailing Address

716 Ave A NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33881

Country

PO/K

Zip

33881

Country

PO/K

4. FEI Number

59-3508405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KERSTEIN, MICHELLE

65 THIRD ST. N.W., STE. 206  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Kerstein Michelle

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

716 Ave A NW

City

Winter Haven

FL

Zip Code

33881

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

*Michelle Kerstein*  
Signature, typed or printed name of registered agent and title if applicable.

Michelle Kerstein

1/16/01

(NOTE: Registered Agent signature required when reinstating)

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, 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 D  
NAME KERSTEIN, MICHELLE  
STREET ADDRESS 1031 SPIRIT LAKE RD.  
CITY-ST-ZIP WINTER HAVEN FL 33880

☐ Delete

TITLE D  
NAME CARLTON, LOURDES  
STREET ADDRESS 1592 AVE. T, N.E.  
CITY-ST-ZIP WINTER HAVEN FL 33881

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 P.D.  
NAME Kerstein, Michelle  
STREET ADDRESS 730 Carro 11 Ave SW  
CITY-ST-ZIP Winter Haven, FL 33880

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

*Michelle Kerstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01 (863) 293-3909

CR2E034 (10/00)