

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000045621**
 1. Entity Name
FAST TRACK Medical Billing, Inc.

*** AMENDING 2001 ***
FILED

01 AUG 14 PM 1:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
334 SE AVE I Belle Glade, FL 33430 **334 SE AVE I Belle Glade, FL 33430**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0833188** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Chyrl Dunaway
437 W. Main ST
Suite 7
PAHOKEE, FL 33476 U.S.

7. Name and Address of New Registered Agent
 Name **Mayra Delourdes Zeno**
 Street Address (P.O. Box Number is Not Acceptable)
334 SE AVE I
 City **Belle Glade** FL Zip Code **33430**

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 *Mayra Delourdes Zeno* DATE **8/5/01**

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

FILE NOW!!! FEES \$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 NAME | PD Chyrl Dunaway | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 334 SE AVE I | |
| CITY-ST-ZIP | Belle Glade, FL 33430 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | DP Mayra Delourdes Zeno | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 334 SE AVE I | |
| CITY-ST-ZIP | Belle Glade, FL 33430 | |
| TITLE NAME | LS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 employees.
 SIGNATURE: *Mayra Delourdes Zeno* DATE **8/5/01**

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