

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90537 044 ***150.00

DOCUMENT # P98000048358

1. Entity Name
KENDALL MEDICAL BILLING, INC.

Principal Place of Business
15720 SW 43 LANE
MIAMI FL 33185
US

Mailing Address
P.O. BOX 830133
MIAMI FL 33283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

15720 SW 43 Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number **65-0843744**

Applied For

Not Applicable

Zip

Country

Zip **FL 33185** Country **MIAMI DADE**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, GUSTAVO D
15720 SW 43 LANE
MIAMI FL 33185

Name

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

City

FL

Zip Code

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

(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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS**
 NAME **REYES, GUSTAVO D**
 STREET ADDRESS **15720 SW 43 LANE**
 CITY-ST-ZIP **MIAMI FL 33185** ☐ Delete

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

TITLE **VPTD**
 NAME **REYES, LOURDES G**
 STREET ADDRESS **15720 SW 43 LANE**
 CITY-ST-ZIP **MIAMI FL 33185** ☐ Delete

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-02 (305) 551-4106

Date

Daytime Phone #

CR2E034 (9/01)