2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 14, 2000 8:00 am Secretary of State DOCUMENT # **P98000053777** MEDICAL BILLING MANAGEMENT OF FLORIDA, INC. 07-14-2000 90001 028 ***150.00 Principal Place of Business Mailing Address 38349 HWY 54 E. 38349 HWY 54 E. ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540 00068169 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPAC Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-3518251 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWNSBERGER, J. GARY Street Address (P.O. Box Number is Not Acceptable) 38349 HWY 54 E. ZEPHYRHILLS FL 33540 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 6 ☐ Change ☐ Addition ☐ Delete TITLE BROWNSBERGER, J. GARY NAME NAME STREET ADDRESS 38349 HWY 54 EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 3354 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ Change -☐ Addition TITLE. TITLE _ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/00

8/3-788-3378

Daytime Phone #

Attachment D#P98 UUW5377 DUW88169

TUNE 27 2000 DIVISION OF CORPORATIONS UNIFORM RUSINESS REPORT FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500 DEAR SIRS : ENCLOSED IS THE 2000 UNIFORM RUSINESS REPORT FOR THIS CORPORATION ACONG WITH THE FILING FEE OF \$150. THIS REPORT IS LATE, HOWEVER I AM ASKING THAT YOU WAIVE THE SHOO LATE FILING PENALTY. THIS CORPORATION HAS HAD NO ACTIVITY SINCE IT'S INCORPORATION BUT I WOULD STILL LIKE TO KEEP IT ACTIVE WITH THE STATE OF FLORIDA UNTIL THE BUSINESS CAN START IT'S OPERATIONS. BECAUSE THE CORPORATION IS NOT OPERATING THIS REPORT WAS MISSPLACED AND NOT DISCOVERED UNTIL TODAY. I BELIEVE THE 400 PENALTY FOR BEING LATE IS EXORRONATE AND I CANNOT AFFORD TO PAY IT. SINCERELY YOURS J. GARY BROWNSBERGER PRESIDENT - MEDICAL BILLING MANAGEMENT OF FLORIDA, INC.

59-3518251