

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089276

1. Entity Name
PALM BEACH PHYSICIAN'S BILLING, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90008 018 ***150.00

Principal Place of Business
2538 CANTERBURY DRIVE NORTH
RIVIERA BEACH FL 33407

Mailing Address
2538 CANTERBURY DRIVE NORTH
RIVIERA BEACH FL 33407

2. Principal Place of Business

2538 Canterbury Dr S
Suite, Apt. #, etc.
Riviera Beach FL
City & State

3. Mailing Address

2538 Canterbury Dr S
Suite, Apt. #, etc.
Riviera Beach, FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0910171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUGHES, MARY E
2538 CANTERBURY DRIVE SOUTH
RIVIERA BEACH FL 33407

7. Name and Address of New Registered Agent

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 *Mary E Hughes*

9-5-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
STREET ADDRESS
CITY-ST-ZIP
PSTV
HUGHES, MARY E
2538 CANTERBURY DRIVE SOUTH
RIVIERA BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE: *Mary E Hughes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-5-00 Daytime Phone #

CR2E034 (5/00)

Attachment
OFF 84533
DW 84533

Facsimile Cover Sheet

To: *State of Florida*
Company:
Phone:
Fax:

From: MARY E HUGHES
Company: Palm Beach Physicians Billing
Phone: 561/840-3409
Fax: 561/840-1604

Date:
Pages including this
cover page:

Comments:

*I Recieve the 2nd Notice
Because the person at the 2538 Canterbury N.
gave the farms to the past man -*

*I feel I should not have to pay the
Penalty-- You sent the farm to the
incorrect address. However the
address is the correct address in the
agent block -*

*I called your office & was advised
to send in the \$150.00 with this explanation
Thank you for your help in this matter*

Mary E Hughes