

FILED  
May 21, 2002 8:00 am  
Secretary of State

05-21-2002 91190 033 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000092944** ✓  
1. Entity Name

**EAST COAST MEDICAL BILLING, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2801 SW 3RD Ave.**

3. Mailing Address

**2801 SW 3RD Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL.**

City & State  
**MIAMI - FL.**

4. FEI Number

**65-0876943**

Applied For

Not Applicable

Zip Country  
**33129 USA.**

Zip Country  
**33129 USA.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JAMES POZO**

Street Address (P.O. Box Number is Not Acceptable)  
**2801 SW 3RD Ave.**

City **MIAMI,**

**FL**

Zip Code  
**33129.**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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	<b>P JAMES POZO 2801 SW 3RD AVE. MIAMI - FL 33129.</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP CARMEN POZO 2801 SW 3RD AVE. MIAMI - FL 33129.</b>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARMEN POZO, VP**

Date

**4/29/02 (305) 446-9160**

Daytime Phone #

CR2E034B (12/01)