

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092944

1. Entity Name

EAST COAST MEDICAL BILLING, INC.



FILED

03 SEP 22 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 SW 3rd Avenue

3. Mailing Address

2801 SW 3rd Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33129

City & State

Miami, FL 33129

4. FEI Number

65-0876943

Applied For

Not Applicable

Zip

33129

Country

USA

Zip

33129

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARMEN POZO

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

2801 SW 3rd Avenue

City

Miami

FL

Zip Code

33129

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Pozo, James
2801 SW 3rd Avenue
Miami, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800023234858
03/22/03--01042--005 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Pozo, Carmen
2801 SW 3rd Avenue
Miami, FL 33129

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Leon, Sandra
2725 SW 80th Avenue
Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/16/03

305-446-9160

CR2E034B (12/02)

July 30, 2003

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32399

Ref: P98000092944

Dear Sir,

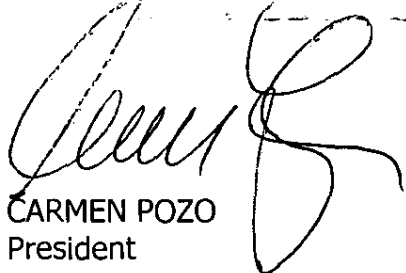
Please take this letter as format request to abate penalty for not filing the Uniform business report before May 1st, 2003 due to the following reasons:

- First: We never received the original report before the deadline to file such report due to the fact that we moved to another location
- Second: Attached to this letter you will find a Uniform Business Report for 2003. Also, you will find a corporate check for the amount of US \$ 150.00 covering the filing fees for the year 2003.

Should you need additional information, please call at 305-446-9160

Sincerely,

EAST COAST MEDICAL BILLING, INC


CARMEN POZO
President