

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100418

1. Entity Name
DOCTORS BILLING ASSOCIATES, INC.

Principal Place of Business Mailing Address
9900 CENTRAL PARK BLVD STE 318 9900 CENTRAL PARK BLVD STE 318
BOCA RATON FL 33428 BOCA RATON FL 33428

2. Principal Place of Business 3. Mailing Address
951 N.W. 13th ST. SAMB
Suite, Apt. #, etc. Suite, Apt. #, etc.
2D

City & State City & State
BOCA RATON, FL

Zip Country Zip Country
33486 USA 33486

6. Name and Address of Current Registered Agent

DEVON, LEAH
712 HAVANA DR
BOCA RATON FL 33487

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

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 12, 2001 Fee 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 P
NAME DEVON, LEAH
STREET ADDRESS 951 NW 13TH STREET
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE VP
NAME DEVON, JEFFREY
STREET ADDRESS 951 NW 13TH STREET
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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
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

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/01

Date

561-393-1416

Daytime Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90006 048 ***550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871675 Applied For Not Applicable

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

00/5/01 AV

CR2E034 (5/01)