

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104932

1. Entity Name

SPECIALTY HEALTH CARE BILLING SERVICES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90192 034 \*\*\*150.00

Principal Place of Business

Mailing Address

1543 KINGSLEY AVE., BLDG 1-A  
ORANGE PARK FL 32073

P.O. BOX 1761  
ORANGE PARK FL 32067-1761

2. Principal Place of Business

3. Mailing Address

1895 Kingsley Avenue

Suite, Apt. #, etc.

Suite 1005

Suite, Apt. #, etc.

City & State

ORANGE PARK, Florida

City & State

Zip  
32073

Country  
U.S.A

Zip

Country

4. FEI Number

59-3523276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUZAURIETA, AURELIO A  
1543 KINGSLEY AVE., BLDG 1-A  
ORANGE PARK FL 32073

Name

AURELIO A. MUZAURIETA

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

4224 ORTEGA FOREST DRIVE

City

Jacksonville,

FL

Zip Code

32210

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MUZAURIETA, AURELIO A  
CITY-ST-ZIP 4224 ORTEGA FOREST DR.  
JACKSONVILLE FL 32210

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

CR2E034 (9/99)