

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90019 049 \*\*\*150.00

**DOCUMENT # P99000000899**

1. Entity Name

**ELECTRONIC MEDICAL BILLING SOLUTIONS, INC.**

Principal Place of Business

Mailing Address

**ALBERTA AVENUE  
PONCE INLET FL 32127**

**71 ALBERTA AVENUE  
PONCE INLET FL 32127-7125**

00046616

2. Principal Place of Business

**71 Alberta Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**71 Alberta Ave**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Ponce Inlet FL**

City & State

**Ponce Inlet FL**

4. FEI Number

**59-3553724**

Applied For

Not Applicable

Zip

**32127**

Country

**USA**

Zip

**32127**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PONT, KIM A  
71 ALBERTA AVENUE  
PONCE INLET FL 32127**

7. Name and Address of New Registered Agent

Name **Same**

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

**Kim A. Pont**

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHT/S  Kim A. Pont</b>
STREET ADDRESS	<b>71 Alberta Ave</b>
CITY-ST-ZIP	<b>Ponce Inlet FL 32127</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Kim A. Pont**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-00**

Date

**(904) 322-4003**

Daytime Phone #

CR 10:14 (9/99)