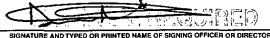
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900005779 Jan 27, 2000 8:00 am Secretary of State DOCTOR'S BILLING SERVICE, INC. 01-27-2000 90087 048 \*\*\*158.75 Principal Place of Business Mailing Address 8211 SW 12 TERRACE 8211\_SW 12 TERRACE MIAMI FL 33144-4329-MIAMI-PE 33144 4730 W. FLAGLER St. 4730 W. FLAGLER St. MIAMI, FL. 33134 MIAMI, FL. 33134 2. Principal Place of Business 3. Mailing Address 4730 W. FLAGLER 4730 W. FLAGLER 51. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FLORIDA MIAMI Not Applicable imAIM FLORI DA Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33134 33134 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARCIA, DAVID Street Address (P.O. Box Number is Not Acceptable) **8211 SW 12 TERRACE** MIAMI FL 33144 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE TITLE GARCIA, DAVID NAME 8211 SW 12 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144** Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:



1/5/00

(305) 975-729

Daytime Phone #