

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005779

1. Entity Name

DOCTOR'S BILLING SERVICE, INC.

FILED

Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90087 048 \*\*\*158.75

Principal Place of Business	Mailing Address
<del>8211 SW 12 TERRACE</del> <del>MIAMI FL 33144</del> 4730 W. FLAGLER St. MIAMI, FL. 33134	<del>8211 SW 12 TERRACE</del> <del>MIAMI FL 33144-4329</del> 4730 W. FLAGLER St. MIAMI, FL. 33134

2. Principal Place of Business	3. Mailing Address
4730 W. FLAGLER St. Suite, Apt. #, etc.	4730 W. FLAGLER St. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State	FLORIDA	City & State	FLORIDA	4. FEE Number	63 0891047	Applied For	
Zip	33134	Country	U.S.A.	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, DAVID 8211 SW 12 TERRACE MIAMI FL 33144	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 DAVID GARCIA [Signature] 1/5/00  
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME GARCIA, DAVID STREET ADDRESS 8211 SW 12 TERRACE CITY-ST-ZIP MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 1/5/00 (305) 975-7291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)