

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020486

1. Entity Name

ACCELERATED MEDICAL BILLING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90176 021 ***150.00

Principal Place of Business

Mailing Address

4465 COCO RIDGE CIRCLE
SARASOTA FL 34233

4465 COCO RIDGE CIRCLE
SARASOTA FL 34233-1703

2. Principal Place of Business

3. Mailing Address

4465 Coco Ridge Circle 4465 Coco Ridge Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Sarasota, FL

Zip

Country

Zip

Country

34233

Sarasota

34233

Sarasota



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0946936

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

DOUGHERTY, PATRICK M
4465 COCO RIDGE CIRCLE
SARASOTA FL 34233

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)

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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 | President | <input type="checkbox"/> Delete |
| NAME | Patrick M. Dougherty | |
| STREET ADDRESS | 4465 Coco Ridge Circle | |
| CITY-ST-ZIP | Sarasota | |
| TITLE | Secretary/Treasurer | <input type="checkbox"/> Delete |
| NAME | Colleen M. Dougherty | |
| STREET ADDRESS | 4465 Coco Ridge Circle | |
| CITY-ST-ZIP | Sarasota, FL 34233 | |
| 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 | President | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Patrick Dougherty | | |
| STREET ADDRESS | 4465 Coco Ridge Circle | | |
| CITY-ST-ZIP | Sarasota, FL 34233 | | |
| TITLE | Secretary/Treasurer | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Colleen Dougherty | | |
| STREET ADDRESS | 4465 Coco Ridge Circle | | |
| CITY-ST-ZIP | Sarasota, FL 34233 | | |
| 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:

Patrick M. Dougherty

Date

Daytime Phone #

4/27/00 94-923-8533

CR2E034 (9/99)