

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020486

1. Entity Name

ACCELERATED MEDICAL BILLING, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90451 012 \*\*\*150.00

Principal Place of Business

4465 COCO RIDGE CIRCLE  
SARASOTA FL 34233

Mailing Address

4465 COCO RIDGE CIRCLE  
SARASOTA FL 34233

2. Principal Place of Business

3062 Pinecrest St.

Suite, Apt. #, etc.

3. Mailing Address

3074 Pinecrest St

Suite, Apt. #, etc.

City & State

Sarasota Florida

Zip

34239

Country

USA

City & State

Sarasota Florida

Zip

34239

Country

USA

4. FEI Number

65-0946936

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, PATRICK M  
4465 COCO RIDGE CIRCLE  
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name

Patrick M. Dougherty

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

3074 Pinecrest St.

City

Sarasota

Zip Code

34239

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

*Patrick M. Dougherty*

Patrick M. Dougherty President

4-19-01

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	DOUGHERTY, PATRICK	
STREET ADDRESS	4465 COCO RIDGE CIRCLE	
CITY-STATE-ZIP	SARASOTA FL 34233	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOUGHERTY, COLLEEN	
STREET ADDRESS	4465 COCO RIDGE CIRCLE	
CITY-STATE-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dougherty, Patrick	
STREET ADDRESS	3074 Pinecrest St	
CITY-STATE-ZIP	Sarasota, FL 34239	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dougherty, Colleen	
STREET ADDRESS	3074 Pinecrest St	
CITY-STATE-ZIP	Sarasota, FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick M. Dougherty

4-19-01 941-923-9533

Date

Daytime Phone

CR2E034 (10/00)