

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022397

1. Entity Name

PDQ MEDICAL BILLING AND CLAIMS FILING SERVICE, I

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90206 004 ***150.00

Principal Place of Business

Mailing Address

23 PECAN COURSE LOOP
 Ocala FL 34472

P.O. BOX 4641
 Ocala FL 34478-4641

2. Principal Place of Business

1515 SE 42nd ave

3. Mailing Address

PO BOX 3775

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Ocala FL

City & State
 Ocala FL

4. FEI Number

59-3561814

Applied For

Not Applicable

Zip
 34471

Country
 USA

Zip
 34478

Country
 USA

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

HENDERSON, SHERYL D
 23 PECAN COURSE LOOP
 Ocala FL 34472

Name

SHERYL D. HENDERSON

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

* 1515 SE 42nd ave

City

Ocala

FL

Zip Code

34471

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

4-15-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 HENDERSON, SHERYL D
 23 PECAN COURSE LOOP
 Ocala FL 34472 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 1515 SE 42nd ave
 Ocala FL 34471 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERYL D HENDERSON

4-15-00

Date

352-694-3737

Daytime Phone #

CR2E034 (9/99)