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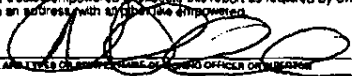
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029030			
1. Entity Name CORRECT CODING SOLUTIONS, INC.			
Principal Place of Business 2000 GLADES ROAD SUITE 400 BOCA RATON, FL 33431		Mailing Address 2000 GLADES ROAD SUITE 400 BOCA RATON, FL 33431	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0952329		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOROTA, ALAN M 290 NW 165TH ST, PH 4-CITICENTRE MIAMI, FL 33169		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing office.)			
FILE NOW! (FEE'S \$150.00) After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHAN, HOWARD 10021 CLEARY BLVD PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Chris Dombrowski 206 Lewey Brook Drive Cary, North Carolina 27519
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address with appropriate empowerment.			
SIGNATURE: 		6/18/03 561391 0422	

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CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)