FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 29, 2003 8:00 am Secretary of State

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DOCU	MENT # <i>P9900</i>	0033763		04-29-2003 90070 050	***150.00	
1. Entity Nam	medicaL	011:		}		
$N \nearrow \Lambda$	MEDICAL	BILLING				
	561	3VCGS, INC	C. V			
	DO NOT WRITE	E IN THIS SI	PACE			
		en e		10090901		
2. Principal P	lace of Business	3. Mailing Address	53 RD ST.			
142435.W.63RD S1. 142435.W. Suite, Apt. #, etc. Suite, Apt. #, etc.			33 AB 31.	DO NOT WRITE IN THIS:	PDACE	
Suite, Apr.	Suite, Apt. #, etc.			DONOT WAITE IN THIS	,	
City & Stat	e	City & State	<i>[-]</i>	4. FEI Number Q C 11 C F	Applied For	
<u> </u>	m FC.	miami	Country	65-09/1956	Not Applicable	
3.3/	2.5 Country	33175	Country		\$8.75 Additional Fee Required	
<u> </u>	The state of the s			7. Name and Address of Current Registered	Agent	
			Name			
DO NOT WRITE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	PACE				
		er Mendelte demonstration and Committee des despendent de la Committee				
			City	FL	Zip Code	
	•	or the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
tne obligat	ions of registered agent.					
SIGNATURE .						
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE		
	After May 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be	
Make Check	Amended UBR is \$61.25 Payable to Florida Department o	f State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS		to the second	end retailed to be an are	
TITLE	VALDES-DIAZ,	RODOLFO	NAME			
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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)(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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (305)24-3590 Date Davies Phone *