

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State
 03-27-2002 90044 034 ***150.00

0278688 AV

DOCUMENT # P99000039805

1. Entity Name
SOUTH FLORIDA MEDICAL BILLING GROUP INC.

Principal Place of Business

**530 SW 90TH COURT
 MIAMI FL 33174**

Mailing Address

**530 SW 90TH COURT
 MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

14289 SW 175 TERR

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NA

City & State

Miami, FL

City & State

Same.

Zip

33174

Country

U.S.A.

Zip

Same.

Country

U.S.A.

4. FEI Number

65-0923187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED
 1186 OCEAN SHORE BLVD.
 SUITE 195
 ORMOND BEACH FL 32176**

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **D CALVO, JORGE ANDRES**
 STREET ADDRESS **530 SW 90TH COURT**
 CITY-ST-ZIP **MIAMI FL 33174**

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

TITLE ☐ Delete
 NAME **D FERRER, ROSDUALDO G**
 STREET ADDRESS **15250 SW 134TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☒ Change ☐ Addition
 NAME **Ferrer, Rosdualdo G**
 STREET ADDRESS **14289 SW 175 TERR**
 CITY-ST-ZIP **Miami, FL 33174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Jorge A. Calvo

3-27-02

786-229-8944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)