

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039805

1. Entity Name
SOUTH FLORIDA MEDICAL BILLING GROUP INC.



FILED

04 APR -2 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14289 SW 175 TERRACE
MIAMI FL 33174

Mailing Address
530 SW 90TH COURT
MIAMI FL 33174

2. Principal Place of Business
12025 SW 14th #203

3. Mailing Address
12025 SW 14th #203

Suite/Apt./#etc.
#203

Suite/Apt./#etc.
#203

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number 65-0923187

Applied For
Not Applicable

Zip
33184

Country
US

Zip
33184

Country
US

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 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
D
CALVO, JORGE ANDRES
530 SW 90TH COURT
MIAMI FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Jorge Andres Calvo
12025 SW 14th #203
Miami, FL 33184 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRER, ROSDUALDO G
14289 SW 175 TERR
MIAMI FL 33174 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400031986094
04/06/04--01046--003 **150.00 ☐ Change ☐ Addition

TITLE
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☐ Delete

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04

305-401-0182

Date

Daytime Phone #

CP2E034 (10/02)