2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000041144 1. Entity Name UNICO MEDICAL BILLING SERVICES INC.				FILED May 02, 2000 8:00 am Secretary of State 05-02-2000 90014 005 ***150.00		
Principal Place of Business 6227 S.W. 131 PLACE SUITE 101 MIAMI FL 33183		Mailing Address 6227 S.W. 131 PLACE SUITE 101 MIAMI FL 33183-5262		649755		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For Not Applicab		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required		
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent		
VAZQUEZ, HECTOR 1800 W. 49TH STREET			Street Addres	ess (P.O. Box Number is Not Acceptable)		
	E 213 Al FL 33012		City	FL Zip Code		
 9. This corporation is eligible to satisfy its Intengit Tax filing requirement and elects to do so. (See criteria on back) 		After MAY 1, 2	III FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$	State		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A DP VAZQUEZ, NAYVI 6227 S.W. 131 PLACE, SUIT MIAMI FL 33183	ND DIRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Additi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗌 Additio		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗋 Change 🗌 Additi		
	and a second	with this filling does not qualify for ort is true and accurate and that impowered to execute this repor- ss, with all other like empowered in the second second second second second in the second second second second second in the second second second second second in the second se	or the exemption stated in my signature shall have t t as required by Chapter d.	in Section 119.07(3)(i). Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 11 or Block 12 4		
SIGNAT		OR PRINTED NAME OF SIGNING OFFICE	II Und Deff	Date Daytime Phone #		