

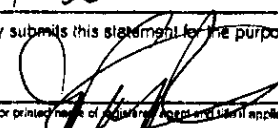
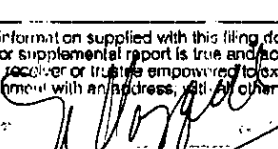
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90225 032 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000041144 1. Entity Name UNICO MEDICAL BILLING SERVICES, INC.			
Principal Place of Business 6227 SW 131 PLACE Suite 101 MIAMI FL 33183		Mailing Address 6227 SW 131 PLACE Suite 101 MIAMI FL 33183	
2. Principal Place of Business 13011 SW 82ST Suite, Apt. #, etc.		3. Mailing Address 13011 SW 82ST Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI	
Zip 33183	Country DADE	Zip 33183	Country DADE
4. FEI Number 65-0916804		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, HECTOR 1800 WEST 49TH STREET Suite 213 MIAMI FL 33012		7. Name and Address of New Registered Agent Name: VAZQUEZ HECTOR Street Address (P.O. Box Number is Not Acceptable): 790 WEST 49 ST Suite 217 City: HIALEAH FL Zip Code: 33012	
8. The above named entity submits this statement for the purposes 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 agent applicable. (NOTE: Registered Agent signature required when releasing)		DATE: 04-28-01	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		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 NAME: VAZQUEZ, NAYVI ☐ Delete STREET ADDRESS 6227 SW 131 PLACE Suite 101 CITY-ST-ZIP MIAMI FL 33183	☐ Change ☐ Addition	TITLE NAME: VAZQUEZ NAYVI ☒ Change ☐ Addition STREET ADDRESS 13011 SW 82ST CITY-ST-ZIP MIAMI FL 33183	☐ Change ☐ Addition
TITLE NAME: ☐ Delete STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME: ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME: ☐ Delete STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME: ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME: ☐ Delete STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME: ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME: ☐ Delete STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME: ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address, title, or other like empowered			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 04-28-01 DAYTIME PHONE: 305-401-1634	