2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P99000044982 1. Entity Name KRISON MEDICAL BILLING SERVICES, INC. 04-20-2001 90159 038 ***150.00 Principal Place of Business Mailing Address 9720 SW 118 STREET 9720 SW 118 STREET MIAMI FL 33176 MIAMI FL 33176 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 65-0934119 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRER-GARCIA, LIZETTE Street Address (P.O. Box Number is Not Acceptable) 9720 SW 118 STREET **MIAMI FL 33176** City 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete FERRER-GARCIA, LIZETTE NAME NAME STREET ADDRESS 9720 SW 118 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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)(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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

□ Delete

☐ Addition