2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055228

1. Entity Name

E-MEDICAL BILLING, INC. R A1

08-08-2000 90024 050 ****61.25

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
15272 SW 104 St #6-110
Miami, FL 33196

Mailing Address
15272 SW 104 St #6-1
Miami, FL 33196

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4. FEI Number** 65-0926387	Applied For / Not Applicable
Zip / Country	Zip / Country	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
SEMAAN, JUAN CARLOS 15272 S.W. 104 ST #6-110 Miami, FL 33196	Name Garcia, Karla J. Street Address (P.O. Box Number is Not Acceptable) 15270 S.W. 104 St #1-110 City Miami FL Zip Code 33196

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 X _____
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, 2000 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 D NAME SEMAAN, JUAN CARLOS STREET ADDRESS 15272 SW 104 St #6-110 CITY-ST-ZIP Miami, FL 33196	☒ Delete	TITLE D NAME Garcia, Karla J. STREET ADDRESS 15270 SW 104 St #1-110 CITY-ST-ZIP Miami, FL 33196	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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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: _____   6/10/00   (305) 388-3890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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