

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060190

1. Entity Name

MEDICAL BILLING MANAGEMENT OF GAINESVILLE, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90008 017 ***150.00

Principal Place of Business

10937 NW 33RD PLACE
GAINESVILLE FL 32606

Mailing Address

10937 NW 33RD PLACE
GAINESVILLE FL 32606-4957

2. Principal Place of Business

4001 Newberry Rd.

Suite, Apt. #, etc.

Suite A-3

City & State

Gainesville FL

Zip

32607

Country

USA

3. Mailing Address

4001 Newberry Rd.

Suite, Apt. #, etc.

Suite A-3

City & State

Gainesville FL

Zip

32607

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3585903

Applied For

Not Applicable

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

WEBB, HERBERT M
4400 NW 23RD AVENUE, SUITE E
GAINESVILLE FL 32606

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.

SIGNATURE

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 NAME STREET ADDRESS CITY-ST-ZIP	D BAIR, SUSAN S 10937 NW 33RD PLACE GAINESVILLE FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANG, DIANE M 4830 NW 43RD STREET, APT. 179 GAINESVILLE FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/00 352-384-1515

CR2E034 (9/99)