

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105745

1. Entity Name
MED-HORIZON BILLING, INC.

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

05-22-2000 90131 034 ***158.75

Principal Place of Business

4303 LEE BLVD.
LEHIGH ACRES FL 33971

Mailing Address

P.O. BOX 61894
FT. MYERS FL 33906

2. Principal Place of Business

4461 Camino Real Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Zip

33912

Country

USA

Country

4. FEI Number

650984127

☒ 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

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 Yvette DeJesus
Signature, typed or printed name of registered agent and title if applicable.

Yvette DeJesus

4/29/00

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 President ☐ Delete
NAME Yvette DeJesus
STREET ADDRESS 4303 Lee Blvd
CITY-ST-ZIP Lehigh Acres-FL 33971

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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: Yvette DeJesus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yvette DeJesus

Date

4/29/00 941-274-0390

Daytime Phone #

CR2E034 (9/99)