

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90057 004 \*\*\*158.75

**DOCUMENT # S23565**

1. Entity Name

**ADVANCED PHYSICIAN BILLING INC.**

Principal Place of Business

**7315 SW 87 AVENUE  
 MIAMI FL 33173  
 US**

Mailing Address

**7315 SW 87 AVENUE  
 MIAMI FL 33173  
 US**

2. Principal Place of Business

*Advanced Physician Billing*  
 Suite, Apt. #, etc.  
**7315 SW 87th Ave**

3. Mailing Address

*Same*  
 Suite, Apt. #, etc.  
**#200**

City & State

*Miami*

City & State

*FL*

Zip

*FL*

Country

**33173**

Zip

*FL*

Country

*FL*

4. FEI Number

**65-0237047**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, JORGE E.  
 7315 SW 87TH AVE  
 SUITE #200  
 MIAMI FL 33173**

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

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, 2002 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, JORGE E.</b>	
STREET ADDRESS	<b>7315 SW 87TH AVE #200</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<del>PEREZ, JORGE E.</del>	
STREET ADDRESS	<del>7315 SW 87TH AVE #200</del>	
CITY-ST-ZIP	<del>MIAMI FL 33173</del>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PEREZ, RICARDO J.</b>	
STREET ADDRESS	<b>7315 SW 87TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:**

*Jorge E. Perez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-29-02*

CR2E034 (9/01)