## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S23565

Title:

Name:

Address:

City-St-Zip:

(X) Delete

PEREZ, RICARDO J.

7315 SW 87TH AVE

MIAMI, FL 33173

Entity Name: ADVANCED PHYSICIAN BILLING INC.

FILED Apr 29, 2003 Secretary of State

-						
Current Pi	rincipal Place	of Business:	New Principa	New Principal Place of Business:		
7315 SW 87 AVENUE MIAMI, FL 33173 US			SUITE 200	7315 SW 87 AVENUE SUITE 200 MIAMI, FL 33173 US		
Current M	ailing Addres	s:	New Mailing	New Mailing Address:		
7315 SW 87 AVENUE MIAMI, FL 33173 US			SUITE 200	7315 SW 87 AVENUE SUITE 200 MIAMI, FL 33173 US		
FEI Number:	65-0237047	FEI Number Applied For ( )	FEI Number Not Applicab	ole ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:		
PEREZ, JC 7315 SW 8 SUITE #20 MIAMI, FL	7TH AVE 0 33173 US	submits this statement for the	ournose of changing its re	agistered of	ffice or registered agent, or both,	
in the State		submits this statement for the p	ourpose or changing its re	egistered of	nice of registered agent, or both,	
SIGNATUR		ic Signature of Registered Ag	ent	Date		
	npaign Financing S AND DIREC	Trust Fund Contribution ( ).	ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () PEREZ, JORGE 7315 SW 87TH MIAMI, FL 331	AVE #200	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VS () PEREZ, JORGE 7315 SW 87TH MIAMI, FL 331	AVE #200	Address: 73	(X) EREZ, RICARI 15 SW 87TH AMI, FL 3317	AVE #200	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICARDO J PEREZ VS 04/29/2003

() Change () Addition