

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90104 001 ***150.00

DOCUMENT # V19884

1. Entity Name

SMART MEDICAL BILLING SERVICES, INC.

Principal Place of Business

Mailing Address

8433 W OKEECHOBEE RD
 2ND FLOOR
 HIALEAH GARDENS FL 33016
 US

8433 W OKEECHOBEE RD
 2ND FLOOR
 HIALEAH GARDENS FL 33016-2110
 US

2. Principal Place of Business

3. Mailing Address

5750 COLLINS AVE

Suite, Apt. #, etc.

6H

Suite, Apt. #, etc.

City & State
 MIAMI BEACH, FL

City & State

4. FEI Number 65-0319383

Applied For
 Not Applicable

Zip 33140

Country DADE

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

GUERRERO, ELVIRA
 8433 W OKEECHOBEE RD
 2ND FLOOR
 HIALEAH GARDENS FL 33016

Name ELVIRA GUERRERO

Street Address (P.O. Box Number is Not Acceptable)
 5750 COLLINS AVE APT. 6H

City MIAMI BEACH FL Zip Code 33140

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 PD ☐ Delete
 NAME GUERRERO, ELVIRA
 STREET ADDRESS 8433 W OKEECHOBEE RD 2ND FLOOR
 CITY-ST-ZIP HIALEAH GARDENS FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)