

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000010210

**Entity Name:** ON-TIME MEDICAL BILLING SERVICES,INC.

**Current Principal Place of Business:**

13217 NW 7TH AVE  
SUITE B  
NORTH MIAMI , FL 33168

**Current Mailing Address:**

13217 NW 7TH AVE  
SUITE B  
NORTH MIAMI, FL 33168 US

**FEI Number:** 82-1312844

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, MARIAH PATRICIA  
5272 NW 197 TERRACE  
MIAMI GARDENS, FL 33055 US

*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:** MARIAH PATRICIA WHITE

05/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FRANCOIS, D  
Address 5272 NW 197 TERRACE  
City-State-Zip: MIAMI GARDENS FL 33055

Title V  
Name WHITE, MARIAH PATRICIA  
Address 5272 NW 197 TERRACE  
City-State-Zip: MIAMI GARDENS FL 33055

*I hereby 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 all other like empowered.*

**SIGNATURE:** D FRANCOIS

PRESIDENT

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date