

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000002450

FILED
Oct 21, 2009
Secretary of State

Entity Name: DOVE MEDICAL BILLING & COLLECTIONS, INC.

Current Principal Place of Business:

1408 S.W. 4TH ST
DELRAY BEACH, FL 33444

New Principal Place of Business:

3665A CRESTWICK CIRCLE
ORANGE PARK, FL 32065 US

Current Mailing Address:

1408 S.W. 4TH ST
DELRAY BEACH, FL 33444

New Mailing Address:

3665A CRESTWICK CIRCLE
ORANGE PARK, FL 32065 US

FEI Number: 65-0974375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOHN P
2499 GLADES ROAD STE 305A
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

MILLER, JOHN P
2499 GLADES ROAD STE 304
BOCA RATON, FL 33431 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: JOHN P. MILLER

10/21/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, SYLVIA
Address: 1408 S.W. 4TH ST.
City-St-Zip: DELRAY BEACH, FL 33444

Title: VPD () Delete
Name: VEGA, JEANNIE
Address: 1408 S.W. 4TH ST.
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARTER, SYLVIA
Address: 3665A CRESTWICK CIRCLE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: VPD (X) Change () Addition
Name: VEGA, JEANNIE
Address: 3710 NE 12TH AVE
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: SYLVIA CARTER

PD

10/21/2009

Electronic Signature of Signing Officer or Director

Date