

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000058947

FILED
Nov 29, 2005
Secretary of State

Entity Name: MED CORP MEDICAL BILLING SERVICES INC.

Current Principal Place of Business:

7828 ROCKPORT CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

142 LAKE PINE CIRCLE
D-2
GREENACRES, FL 33463

Current Mailing Address:

7828 ROCKPORT CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

142 LAKE PINE CIRCLE
D-2
GREENACRES, FL 33463

FEI Number: 65-1016588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, LICET
7828 ROCKPORT CIRCLE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

GOMEZ, LICET S
142 LAKE PINE CIRCLE
D-2
GREENACRES, FL 33463 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: LICET S. GOMEZ

11/29/2005

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: P () Delete
Name: GOMEZ, LICET
Address: 7828 ROCKPORT CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOMEZ, LICET S
Address: 142 LAKE PINE CIRCLE, D-2
City-St-Zip: GREENACRES, FL 33463

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.

SIGNATURE: LICET S. GOMEZ

P

11/29/2005

Electronic Signature of Signing Officer or Director

Date