2012 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# P10000045239

Entity Name: MEDICAL CLAIMS & BILLING MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

2775 NW 34TH AVENUE #104
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

405 N. AVENUE OF THE ARTS
AVENUE OF THE ARTS EXECUTIVE SUITES
FORT LAUDERDALE, FL 33311

Current Mailing Address:

2775 NW 34TH AVENUE #104
FORT LAUDERDALE, FL 33311

New Mailing Address:

405 N. AVENUE OF THE ARTS
AVENUE OF THE ARTS EXECUTIVE SUITES
FORT LAUDERDALE, FL 33311

FEI Number: 26-4562389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROSS, JENNIFER E NCICS
2775 NW 34TH AVENUE #104
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

CROSS, JENNIFER E
405 N. AVENUE OF THE ARTS
AVENUE OF THE ARTS EXECUTIVE SUITES
FORT LAUDERDALE, FL 33311 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: JENNIFER E. CROSS 02/15/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: CROSS, JENNIFER E
Address: 405 N. AVENUE OF THE ARTS
City-St-Zip: FT. LAUDERDALE, FL 33311

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: JENNIFER E. CROSS D 02/15/2012
Electronic Signature of Signing Officer or Director Date