

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 14 PM 2:38

DOCUMENT # P94000012389

1. Corporation Name
PREFERRED MEDICAL BILLING, INC.

2. Principal Office Address
2625 EXECUTIVE PK DR

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
SAME

City & State
WESTIN FL

City & State
SAME

Zip
33331

Country
USA

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida NOV 1996

5. FEI Number
SB 223 0020

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ROBERT MILLER
Street Address (P.O. Box Number is Not Acceptable) 3000 HOLIDAY DR.
Suite, Apt. #, Etc. APT 301
City FT LAUDERDALE
State FL Zip Code 33310

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent Robert J. Miller Date 4/13/2006
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES + DIR.</u>	<u>ROBERT MILLER</u>	<u>132 DEERPATH</u>	<u>ROSLYN HTS NY 11577</u>
<u>V.P + DIR.</u>	<u>ROBERT QUIGLEY</u>	<u>10 ABBOT RD</u> <u>SMITHTOWN NY</u>	<u>SMITHTOWN NY 11707</u>
<u>SECMY DIR.</u>	<u>CARDLE ROGERS</u>	<u>2610 SCOTT ST</u>	<u>HOLLYWOOD FL. 33020</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Robert J. Zuzel Date 4-13-06 Daytime Phone # 631-724-6976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DC
04/21/06
Reinst. 1996
w/o Penalty