

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 09, 2007  
Secretary of State**

DOCUMENT# P96000012389

Entity Name: PREFERRED MEDICAL RECORDS INC.

**Current Principal Place of Business:**

2625 EXECUTIVE PARK DRIVE, SUITE 1  
WESTIN, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2625 EXECUTIVE PARK DRIVE, SUITE 1  
WESTIN, FL 33331

**New Mailing Address:**

FEI Number: 58-2230020      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILLER, ROBERT  
3000 HOLIDAY DR.  
APT. 301  
FORT LAUDERDALE, FL 33310 US

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

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: ROBERT MILLER

\_\_\_\_\_  
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: MILLER, ROBERT  
Address: 132 DEERPATH  
City-St-Zip: ROSLYN HTS., NY 11577

Title: VD ( ) Delete  
Name: QUIGLEY, ROBERT  
Address: 10 ABBOT RD.  
City-St-Zip: SMITHTOWN, NY 11787

Title: SD ( ) Delete  
Name: ROGERS, CAROLE  
Address: 2610 SCOTT ST.  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT MILLER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/09/2007

\_\_\_\_\_  
Date