Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL 16 PM 2:47
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004143

1. Corporation Name

MultiMed Billing Service, Inc.

REINSTATEMENT 04-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
21 Oswego Street	P.O. Box 535
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Baldwinsville, NY	Baldwinsville, NY
Zip 13027 Country USA	Zip 13027 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/06/2001

8. FEI Number: 16-1427949 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Connie Bryan Date: 7/16/07
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
CEO,PSD	William M. Long	21 Oswego Street	Baldwinsville, NY 13027
TD	Frances M. Forgione	21 Oswego Street	Baldwinsville, NY 13027
VD	William L. Shipman	21 Oswego Street	Baldwinsville, NY 13027
D	Sharon Landers	21 Oswego Street	Baldwinsville, NY 13027
CD	Allan B. Weintraub	21 Oswego Street	Baldwinsville, NY 13027

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: William M. Long, CEO — 7/13/2007 — (315) 635-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 7/16

Page 2 of 2

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

MULTIMED BILLING SERVICE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,208.75

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