2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000004143

Entity Name: MULTIMED BILLING SERVICE, INC.

FILED Jun 19, 2012 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

21 OSWEGO STREET BALDWINSVILLE, NY 13027

Current Mailing Address: New Mailing Address:

P.O. BOX 535

BALDWINSVILLE, NY 13027

FEI Number: 16-1427949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CT CORPORATION WILLIAM, LONG 444 MUIRFIELD LOOP 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 REUNION, FL 34747 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: WILLIAM LONG 06/19/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CFO

LONG, WILLIAM M Name: 21 OSWEGO STREET Address:

City-St-Zip: BALDWINSVILLE, NY 13027 US

Title: PSD

Name: LONG, WILLIAM 21 OSWEGO STREET Address: BALDWINSVILLE, NY 13027 City-St-Zip:

Title:

FORGIONE, FRANCES M Name: 21 OSWEGO STREET Address: City-St-Zip: BALDWINSVILLE, NY 13027

Title: VD

SHIPMAN, WILLIAM L Name: Address: 21 OSWEGO STREET City-St-Zip: BALDWINSVILLE, NY 13027

Title:

Name: LANDERS, SHARON Address: 21 OSWEGO STREET BALDWINSVILLE, NY 13027 City-St-Zip:

Title:

Name: WEINTRAUB, ALLAN B Address: 21 OSWEGO STREET City-St-Zip: BALDWINSVILLE, NY 13027

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: FRANCES M. FORGIONE TD 06/19/2012