

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# H87096

FILED  
Nov 04, 2010  
Secretary of State

**Entity Name:** MEDICAL BUSINESS MANAGEMENT FOR M.D.'S, INC.

**Current Principal Place of Business:**

963 CRANDON BOULEVARD  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 49-0042  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

FEI Number: 59-2635744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIS, OLGA M.  
125 E. ENID DR.  
KEY BISCAYNE, FL 33149 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: OLGA M DAVIS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DAVIS, OLGA M.  
Address: 125 E ENID DR.  
City-St-Zip: KEY BISCAYNE, FL

Title: VP  
Name: DAVIS, ELIZABETH A  
Address: 798 CRANDON BLVD APT 33  
City-St-Zip: KEY BISCAYNE, FL 33149

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: ELIZABETH A DAVIS

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

VP

11/04/2010

\_\_\_\_\_  
Date