

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000089901

FILED
Oct 27, 2008
Secretary of State

Entity Name: PRECISION MEDICAL BILLING LLC

Current Principal Place of Business:

1936 W MARTIN LUTHER KING BLVD
SUITE 204-A
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1936 W MARTIN LUTHER KING BLVD
SUITE 204-A
TAMPA, FL 33607

New Mailing Address:

FEI Number: 16-1734962 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COGGINS, LYNDA
3721 VILLAGE ESTATES PLACE
TAMPA, FL 33618 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: LYNDA COGGINS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COGGINS, LYNDA
Address: 3721 VILLAGE ESTATES PLACE
City-St-Zip: TAMPA, FL 33618

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: OM () Change (X) Addition
Name: FERGUSON, ANGELA A OM
Address: 2512 W. WILDER AVE
City-St-Zip: TAMPA, FL 33614

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANGELA FERGUSON

OM

10/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date