

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 JAN 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000108809 1. Entity Name ADVANCED MEDICAL BILLING AND CODING, LLC			
Principal Place of Business 2302 W. COUNTRY LANE PLANT CITY, FL 33565		Mailing Address 2302 W. COUNTRY LANE PLANT CITY, FL 33565	
2. Principal Place of Business - No P.O. Box # 2302 Country Lane		3. Mailing Address 2302 Country Lane	
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____	
City & State Plant City, FL		City & State Plant City, FL	
Zip FL 33565		Zip 33565	
Country U.S.		Country U.S.	
4. FEI Number 20-4675746		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STINES, JAMI M 2302 W. COUNTRY LANE PLANT CITY, FL 33565		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STINES, JAMI M 2302 W. COUNTRY LANE PLANT CITY, FL 33565	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200139531512 01/06/09--01012--001 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Jami M. Stines</u>		Date: <u>10/27/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

REINSTATEMENT

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