

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000108809

FILED
Apr 01, 2010
Secretary of State

Entity Name: ADVANCED MEDICAL BILLING AND CODING, LLC

Current Principal Place of Business:

2302 COUNTRY LANE
PLANT CITY, FL 33565

New Principal Place of Business:

Current Mailing Address:

2302 COUNTRY LANE
PLANT CITY, FL 33565

New Mailing Address:

FEI Number: 20-4675746 **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:

STINES, JAMI M
2302 COUNTRY LANE
PLANT CITY, FL 33565 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: JAMI STINES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: STINES, JAMI M
Address: 2302 COUNTRY LANE
City-St-Zip: PLANT CITY, FL 33565

I hereby 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: JAMI STINES

PRES

04/01/2010

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