

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000034799

FILED
Nov 04, 2008
Secretary of State

Entity Name: SAYLOR MEDICAL BILLING, LLC

Current Principal Place of Business:

5115 ENGLEWOOD LANE
ZEPHRYHILLS, FL 33541

New Principal Place of Business:

Current Mailing Address:

5115 ENGLEWOOD LANE
ZEPHRYHILLS, FL 33541

New Mailing Address:

FEI Number: 65-1276037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAYLOR, STACEY L
5115 ENGLEWOOD LANE
ZEPHRYHILLS, FL 33541 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: STACEY SAYLOR

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAYLOR, STACEY L
Address: 5115 ENGLEWOOD LANE
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: MGRM () Delete
Name: SAYLOR, RICK R
Address: 5115 ENGLEWOOD LANE
City-St-Zip: ZEPHRYHILLS, FL 33541

ADDITIONS/CHANGES:

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

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

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: STACEY SAYLOR

MGR

11/04/2008

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