

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000045097

FILED
Jan 12, 2009
Secretary of State

Entity Name: PROCLAIMS MEDICAL BILLING SERVICE, LLC.

Current Principal Place of Business:

2118 CORAL CREEK DRIVE
PENSACOLA, FL 32506 US

New Principal Place of Business:

1817 N 58TH AVE
PENSACOLA, FL 32506 US

Current Mailing Address:

2118 CORAL CREEK DRIVE
PENSACOLA, FL 32506 US

New Mailing Address:

1817 N 58TH AVE
PENSACOLA, FL 32506 US

FEI Number: 20-4831054 **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:

MAY, YOLANDA Y
2118 CORAL CREEK DRIVE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

MAY, YOLANDA Y
1817 N 58TH AVE
PENSACOLA, FL 32506 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: YOLANDA Y MAY

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAY, YOLANDA Y
Address: 2118 CORAL CREEK DRIVE
City-St-Zip: PENSACOLA, FL 32506 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAY, YOLANDA Y
Address: 1817 N 58TH AVE
City-St-Zip: PENSACOLA, FL 32506 US

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: YOLANDA Y MAY

MGRM

01/12/2009

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