

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000073969

FILED
Apr 21, 2009
Secretary of State

Entity Name: HEALTHBIZ MEDICAL BILLING, LLC.

Current Principal Place of Business:

1489 W. PALMETTO PARK ROAD
484
BOCA RATON, FL 33486

New Principal Place of Business:

1489 W. PALMETTO PARK ROAD
330
BOCA RATON, FL 33486

Current Mailing Address:

1489 W. PALMETTO PARK ROAD
484
BOCA RATON, FL 33486

New Mailing Address:

1489 W. PALMETTO PARK ROAD
330
BOCA RATON, FL 33486

FEI Number: 26-0905740 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

LEVINE, IVONNE
1489 W. PALMETTO PARK ROAD
484
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

LEVINE, IVONNE
1489 W. PALMETTO PARK ROAD
330
BOCA RATON, FL 33486 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: IVONNE LEVINE

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEVINE, IVONNE
Address: 1489 W. PALMETTO PARK ROAD, #484
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM () Delete
Name: LEVINE, IVONNE
Address: 1489 W. PALMETTO PARK ROAD, #484
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVINE, IVONNE
Address: 1489 W. PALMETTO PARK ROAD, #330
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGRM (X) Change () Addition
Name: LEVINE, IVONNE
Address: 1489 W. PALMETTO PARK ROAD, #330
City-St-Zip: BOCA RATON, FL 33486 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: IVONNE LEVINE

MGMB

04/21/2009

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