

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000068637

**FILED**  
**Nov 29, 2012**  
**Secretary of State**

**Entity Name:** ALL MED BILLING ASSOCIATES, LLC

**Current Principal Place of Business:**

2736 ALOMA OAKS DR.  
OVIEDO, FL 32765

**New Principal Place of Business:**

12950 E. COLONIAL DR.  
118  
ORLANDO, FL 32826

**Current Mailing Address:**

2736 ALOMA OAKS DR.  
OVIEDO, FL 32765

**New Mailing Address:**

12950 E. COLONIAL DR.  
118  
ORLANDO, FL 32826

**FEI Number:** 27-3970349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENDEZ, LUZ  
2736 ALOMA OAKS DR.  
OVIEDO, FL 32765 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: LUZ MENDEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MENDEZ, LUZ  
Address: 2736 ALOMA OAKS DR.  
City-St-Zip: OVIEDO, FL 32765

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: LUZ MENDEZ

MGRM

11/29/2012

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