

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000060757

FILED
Feb 21, 2014
Secretary of State

Entity Name: OASA MEDICAL BILLING, LLC

Current Principal Place of Business:

ONE ORTHOPAEDIC PLACE
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

ONE ORTHOPAEDIC PLACE
ST AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 45-5236282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GRIMES, JAMES M
ONE ORTHOPAEDIC PLACE
ST AUGUSTINE, FL 32086 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: JAMES M GRIMES

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: PULZONE, THOMAS
Address: ONE ORTHOPAEDIC PLACE
City-St-Zip: ST AUGUSTINE, FL 32086

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: THOMAS PULZONE

MGR

02/21/2014

Electronic Signature of Authorized Person

Date