

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000154338

Entity Name: MEDBILLING LLC

**FILED**  
**Jan 31, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

8305 SW 105 ST  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8305 SW 105 ST  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 90-0929573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GARCIA, LOIDA  
8305 SW 105 ST  
MIAMI, FL 33156 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: LOIDA GARCIA

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: GARCIA, LOIDA  
Address: 8305 SW 105 ST  
City-St-Zip: MIAMI, FL 33156

Title: MGR  
Name: GARCIA, LAUREANO  
Address: 8305 SW 105 ST  
City-St-Zip: MIAMI, FL 33156

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: LOIDA GARCIA

MGR

01/31/2014

Electronic Signature of Authorized Person

Date