

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 11:15

DOCUMENT # M03000001463

1. Entity Name
HOSPITAL BILL ANALYSIS, LLC



Principal Place of Business Mailing Address
~~6103 55TH TERRACE EAST~~
~~BRADENTON, FL 34203~~
120 INTERNATIONAL PKWY
SUITE 176 LAKE MARY, FL 32746

2. Principal Place of Business
120 INTERNATIONAL PKWY

3. Mailing Address

SAME



Suite, Apt. #, etc. SUITE 176

Suite, Apt. #, etc.

11182004 REIN-LLC CR2E101 (6/04)

City & State
LAKE MARY, FL

City & State

4. FEI Number
05-0566112

Applied For
Not Applicable

Zip
32746

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, G. VINCENT
120 INTERNATIONAL PARKWAY, SUITE 176
LAKE MARY, FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/13/05

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME JENNINGS, LYNN
STREET ADDRESS 120 INTERNATIONAL PARKWAY, SUITE 176
CITY-ST-ZIP LAKE MARY, FL 32746

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

Lynn Jennings

11/29/04 810-272-1340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #