2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 09, 2005
Secretary of State

DOCUMENT# P01000046929

Entity Name: TREASURE COAST MEDICAL BILLING INC

Current Principal Place of Business:

3049 SW ANN ARBOR RD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3049 SW ANN ARBOR RD.
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1117725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESTER, CHRISTINE
3049 SW ANN ARBOR RD.
PORT ST. LUCIE, FL 34953 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: CHRISTINE LESTER
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LESTER, CHRISTINE
Address: 3049 SW ANN ARBOR RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V ( ) Delete
Name: LESTER, DANNY
Address: 3049 SW ANN ARBOR RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE LESTER P 11/09/2005
Electronic Signature of Signing Officer or Director Date