2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jun 02, 2011
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:

2726 SW ANN ARBOR RD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

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

New Mailing Address:

2726 SW ANN ARBOR RD.
PORT ST. LUCIE, FL 34953

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:

LESTER, CHRISTINE
2726 SW ANN ARBOR RD.
PORT ST. LUCIE, FL 34953 US

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 06/02/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: LESTER, CHRISTINE
Address: 2726 SW ANN ARBOR RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE LESTER P 06/02/2011
Electronic Signature of Signing Officer or Director Date