

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000059740

FILED
May 05, 2005
Secretary of State

Entity Name: MEDICAL BILLING UNLIMITED INC.

Current Principal Place of Business:

8667 9TH AVENUE CT.
PENSACOLA, FL 32514

New Principal Place of Business:

2320 SE 6TH STREET
POMPANO BEACH, FL 33062

Current Mailing Address:

8667 9TH AVENUE CT.
PENSACOLA, FL 32514

New Mailing Address:

2320 SE 6TH STREET
POMPANO BEACH, FL 33062

FEI Number: 59-3726731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUADRAS, RICHARD
8667 9TH AVENUE CT.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

MARTIN, CARMEN
2320 SE 6TH STREET
POMPANO BEACH, FL 33062 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: CARMEN MARTIN

05/05/2005

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: PTD () Delete
Name: CUADRAS, RICHARD
Address: 8667 9TH AVENUE CT.
City-St-Zip: PENSACOLA, FL 32514

Title: VPD (X) Delete
Name: CUADRAS, ANGELA
Address: 8667 9TH AVENUE CT.
City-St-Zip: PENSACOLA, FL 32514

Title: SD (X) Delete
Name: JAY, LACEY
Address: 8667 9TH AVENUE CT.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTIN, CARMEN
Address: 2320 SE 6TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

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: CARMEN MARTIN

P

05/05/2005

Electronic Signature of Signing Officer or Director

Date