2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 07, 2005
Secretary of State

DOCUMENT# P01000061312

Entity Name: UNIVERSAL MEDICAL BILLING, INC.

Current Principal Place of Business:

110 NW 170 STREET
SUITE 405
MIAMI, FL 33169-552 US

New Principal Place of Business:

Current Mailing Address:

110 NW 170 STREET
SUITE 405
MIAMI, FL 33169-552 US

New Mailing Address:

FEI Number: 65-1117960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSSMAN, HOWARD F M.D.
100 NW 170 STREET
SUITE 405
MIAMI, FL 33169-552 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: HOWARD F. SUSSMAN

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: SUSSMAN, HOWARD F M.D.
Address: 100 NW 170 STREET STE 405
City-St-Zip: MIAMI, FL 33169-552 US

Title: V ( ) Delete
Name: STALLER, SHELDON M.D.
Address: 100 NW 170 STREET STE 405
City-St-Zip: MIAMI, FL 33169-552 US

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: HOWARD F SUSSMAN MD 11/07/2005

Electronic Signature of Signing Officer or Director — Date