

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000076383

FILED
Apr 15, 2009
Secretary of State

Entity Name: ACCOUNTABLE MEDICAL BILLING, INC.

Current Principal Place of Business:

580 32 AVE SW
VERO BCH, FL 32968

New Principal Place of Business:

1195 AMETHYST DR SW
VERO BCH, FL 32968

Current Mailing Address:

580 32 AVE SW
VERO BCH, FL 32968

New Mailing Address:

1195 AMETHYST DR SW
VERO BCH, FL 32968

FEI Number: 65-1124744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, NANCY R
580 32 AVE SW
VERO BCH, FL 32968 US

Name and Address of New Registered Agent:

SMITH, NANCY R
1195 AMETHYST DR SW
VERO BCH, FL 32968 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: NANCY R SMITH

04/15/2009

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: DP () Delete
Name: SMITH, NANCY R
Address: 580 32 AVE SW
City-St-Zip: VERO BCH, FL 32968

Title: DVS () Delete
Name: RYDER, BETH H
Address: 2965 BENT PINE DR
City-St-Zip: FT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, NANCY R
Address: 1195 AMETHYST DR SW
City-St-Zip: VERO BCH, FL 32968

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NANCY R SMITH

DP

04/15/2009

Electronic Signature of Signing Officer or Director

Date