

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**John Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -2 AM 8:01

DOCUMENT # **P01000107259**

1. Corporation Name

**S.T.P. BILLING SERVICES, INC.**

Principal Place of Business

**3019 SW 27TH AVE  
OCALA FL 34474**

Mailing Address

**3019 SW 27TH AVE  
OCALA FL 34474**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/06/2001**

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	PYLES, STEPHEN T	3019 SW 27TH AVE	OCALA FL 34474

~~200009239834~~  
11/26/02--01088--0001 \*\*150.00

~~400009239834~~  
11/27/02--01051--013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**STILES, WILLIAM  
3019 SW 27TH AVE  
OCALA FL 34474**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*William Stiles*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11-21-02**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-20-02**

Daytime Phone #

*12/5/02*  
*20*

STP BILLING SERVICES


November 15<sup>th</sup>, 2002

Florida Department of State  
Jim Smith  
Secretary of State  
PO Box 6237  
Tallahassee, FL 32314-6327

Dear Mr. Smith

This letter is to notify you that we did not receive the prior UBR notices. The correct mailing address is PO Box 1626 Ocala, FL 34478. Any question please call 352-873-6808.

Sincerely,



Stephen T. Pyles M.D.

PO Box 1626 Ocala, FL 34478  
Phone: 352-873-6808 Fax: 352-873-9726