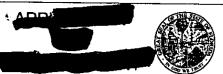
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P01000108699

1. Corporation Name

PHYSICIAN ACCOUNTING ASSOCIATES INC.

Principal Place of Business

Mailing Address

7074 SW 158 PATH MIAMI FL 33193

7074 SW 158 PATH

MIAMI FL 33193



FILED

02 DEC 10 AM 10: 41

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.						i			
New Principal Office Address, If Applicable New					ddress, If Applicable	Date Incorporated or Qualified To Do Business in Florida 11112/2001			
Suite, Apt	. #, etc.		Suite, Apt. 4	Suite, Apt. #, etc.			1 1/ 13/2001		
City & State			City & State			5. FEI Number Applied For Not Applied Box			
			Only & State						
Zip Country			Zip		Country	6. CERTIFICAT	CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee require for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer ar	d/or Director (FI	orida nonproi	fit corporations must list at l	east 3 directors)			
Title(s)	Name of Officers		3		Street Address of Each Officer and/or Director		City / State / Zip		
PSD	MAJORS, RICHARD L			7074 SW 158 PATH			MIAMI FL 33193		
VTD	RADZIEWSKI, PAUL A			15619 SW 53RD ST			MIAMI FL 33185		
			· · · · · · · · · · · · · · · · · · ·					-	
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					4	12/10/	00094330; 0201044001	26 **150.00	
				12/		50. 12/10/	10/0009433026 10/0201044002 ***8.75		
·									
	6. Nam	e and Address of Curren	t Registered Age	ent		Name and Address of New Registered Agent			
MAJORS, RICHARD L					Name				
7074 SW 158 PATH				Street Address (P.O. Box Num		P.O. Box Number	is Not Acceptable)		
MIAMI FL 33193					Suite, Apt. #, Etc.				
					Jone, Apr. #, Etc				
					City		State	Zip Code	
0. I, being	appointed the	registered agent of the ab	ove named corpo	oration, am fa	miliar with and accept the c	bligations of Secti	on 607.0505, F.S. or 617.0505	5, F.S.	
	N	/ Surplus		4	/60 N M % 5000		, ,		
Signature of Registered	Agent	yust NE	EGISTERED AG	ENT MUST S	QUIRED		Date _////02	-	
11. I certify this rein: owed by	that I am an of statement appl the corporation	ficer or director or the rece ication, the reason for diss	iver or trustee en olution has been	powered to e eliminated, th	execute this application as p ne corporate name satisfies	provided for in cha- the requirements	pter 607 or 617, F.S. I further of section 607.0401 or 617.04	certify that when filing 01, 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.

Daytime Phone #



Division of Corporations Annual Report / Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327 November 2, 2002

Dear Sir or Madam,

I am writing this letter in response to a Notice of Administrative Dissolution or Revocation your office recently issued to my company, Physician Accounting Associates, Inc. The notice stated that the company was being administratively dissolved for failure to file, in a timely manner, a corporation annual report / uniform business report.

I would like to inform you that my company never received either of the two prior uniform business report notices that, according to your letter, were sent to my office. The address you have on file is correct. I have had a few instances over the last several months in which I have had problems receiving mail at this address. I believe this is why I never received your notices. The problem has since been corrected.

Therefore, I would like to request that your department re-send the uniform business report to the address you have on file for my company. I will promptly complete the report and return it to your department. I would also like to request that you waive the reinstatement fee since my company never received the notices. I have enclosed a check in the amount of \$150 for the UBR filing fee and a second check in the amount of \$8.75 for the Certificate of Status fee.

I appreciate your assistance with this matter.

Sincerely,

Richard L. Majors

President

Physician Accounting Associates, Inc.

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