2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2008
Secretary of State

DOCUMENT# P02000038968

Entity Name: ADVANCED HEALTHCARE BILLING, INC.

Current Principal Place of Business:

3915 8TH AVENUE WEST
BRADENTON, FL 34250

New Principal Place of Business:

Current Mailing Address:

PO BOX 328
TERRA CEIA, FL 342500328

New Mailing Address:

3915 8TH AVENUE WEST
BRADENTON, FL 34250

FEI Number: 01-0628585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, CLAY
3915 8TH AVENUE WEST
BRADENTON, FL 34250 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: CLAY BROWN

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: PD ( ) Delete
Name: BROWN, CLAY PD
Address: 3915 8TH AVENUE WEST
City-St-Zip: BRADENTON, FL 34250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLAY BROWN PD 10/02/2008

Electronic Signature of Signing Officer or Director Date