

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000004326

1. Entity Name
SUNSET STRIP MEDICAL BILLING, INC.



FILED

04 NOV 19 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6765 SUNSET STRIP, #6
SUNRISE, FL 33313

Mailing Address
6765 SUNSET STRIP, #6
SUNRISE, FL 33313

2. Principal Place of Business
6929 SUNSET STRIP

3. Mailing Address
6929 SUNSET STRIP

Suite, Apt. #, etc.

City & State
SUNRISE, FL

City & State
SUNRISE, FL

Zip 33313 **Country** USA

Zip 33313 **Country** USA



REINSTATEMENT

10252004 FEE \$150.00 (6/04)

4. FEI Number
30-0147205

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent
WESTERBURGER, DERWIN
6765 SUNSET STRIP, #6
SUNRISE, FL 33313

7. Name and Address of New Registered Agent
Name: WESTERBURGER, DERWIN
Street Address (P.O. Box Number is Not Acceptable)
6929 SUNSET STRIP
City: SUNRISE, FL Zip Code: 33313

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: D Westerburger DATE: 10/28/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WESTERBURGER, DERWIN 6765 SUNSET STRIP, #6 SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WESTERBURGER, DERWIN 6929 SUNSET STRIP SUNRISE, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 10/28/2004 DAYTIME PHONE: 954/572-2824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR