2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0300004326				200			ر		
1. Entity Name SUNSET STRIP MEDICAL BILLING, INC.					0.4	NOV 19 PH	1: 36		
SONSET STRIF MILDICAE DILLING, INC.									
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	ce of Business ET STRIP, #6	Mailing Address 6765 SUNSET STRIP, #0	2		TAL	LAHASSER	LUMBA		
SUNRISE, FL		SUNRISE, FL 33313	J						
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2. Principal F	Place of Business PLONSET STRIP	3. Mailing Address	ET STR	(7)					
Suite, Apt		6929 5UN5 Suite, Apt. #, etc.	EI JIK	N. F		arte sait	श्रीविष्ठ (6/04)	M	
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SUNRI		State SUNRIDE	SUNRIDE , FL			147Z05.	├	ot Applicable	
Zip 3331	Country	Zip 	Country 		5. Certificate of Sta	atus Desired	\$8.75 Ad		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
WESTERBURGER, DERWIN				Name WESTERBURGER, DERWIN.					
6765 SUN	Street A	Street Address (P.O. Box Number is Not Acceptable)							
SUNRISE, FL 33313				6929 SUNSET STRIP					
) h									
	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. Lam familiar with, and accept								
the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered again and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									
That is, registered registered organization of applications. (that is, registered registered required resident annual residential).									
1	LE NOW!!! FEE IS \$150.00	_				accordance with s. 6			
, MILOI Jai	nuary 1, 2005, Fee will be \$300.00	0			cor	poration did not rec	eive the prior:	notice.	
10.		<u> </u>	11.						
10.	OFFICERS AND D	<u> </u>	11. TITLE	PE	ADDITIONS/CHAP	NGES TO OFFICERS A			
10. TITLE NAME	OFFICERS AND DEPOSITION OF THE PC WESTERBURGER, DERWIN	DIRECTORS	TITLE NAME	WE:	ADDITIONS/CHAP	DERWIN	ND DIRECTOR	S IN 11	
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