

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000062018

Entity Name: MEDICAL BILLING SOLUTIONS, INC.

FILED  
Jan 03, 2007  
Secretary of State

## Current Principal Place of Business:

P O BOX 290651  
PORT ORANGE, FL 321290651

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 290651  
PORT ORANGE, FL 321290651

## New Mailing Address:

FEI Number: 65-1191132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHAMAUN, KATHLEEN P  
PO BOX 290651  
PORT ORANGE, FL 321290651 US

## Name and Address of New Registered Agent:

SCHAMAUN, KATHLEEN P  
1906 CLEMATIS WAY  
PORT ORANGE, FL 321286633 US

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: KATHLEEN P SCHAMAUN

01/03/2007

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: PR ( ) Delete  
Name: SCHAMAUN, KATHLEEN P  
Address: PO BOX 290651  
City-St-Zip: PORT ORANGE, FL 321290651 US

## 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 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: KATHLEEN P SCHAMAUN

PR

01/03/2007

Electronic Signature of Signing Officer or Director

Date