

# 005 FOR PROFIT CORPORATION

Reinstatement

DOCUMENT # P04000012278

1. Entity Name

HATCHER MEDICAL BILLING SERVICE, INC.



FILED

06 MAY 11 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1051 N W 178TH TER  
MIAMI GARDEN FL 33169

Mailing Address

1051 N W 178TH TER  
MIAMI GARDEN FL 33169

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

(10/04)

0500

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301

Canceled

7. Name and Address of New Registered Agent

Name Teresa Frazier

Street Address (P.O. Box Number is Not Acceptable)  
1051 NW 178 Terrace

City Miami Garden

FL

Zip Code  
33169

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 Teresa Frazier CEO

Signature, typed or printed name of registered agent and title if applicable

Teresa Frazier CEO

(NOTE: Registered Agent signature required when reinstating)

3/17/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, TERESA H	
STREET ADDRESS	1051 N W 178TH TER	
CITY-ST-ZIP	MIAMI GARDEN FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, EDWIN L	
STREET ADDRESS	1051 N W 178TH TER	
CITY-ST-ZIP	MIAMI GARDEN FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRAZIER, EDWIN L	
STREET ADDRESS	1051 N W 178TH TER	
CITY-ST-ZIP	MIAMI GARDEN FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100076067091	
CITY-ST-ZIP	06/12/06--01008--024 **150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100076067091	
CITY-ST-ZIP	06/12/06--01008--025 **500.00	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frazier, Trevares D	
STREET ADDRESS	1051 NW 178 Ter	
CITY-ST-ZIP	Miami Garden, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100076067091	
CITY-ST-ZIP	06/12/06--01008--026 **250.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

K. Eckel MAY 18 2006

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:

Teresa Frazier CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

Date

305-628-2950

Daytime Phone #