

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR -9 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000071210

1. Corporation Name

ONCOLOGY BILLING SERVICES, INC.

2. Principal Office Address - No P.O. Box #

5000 PARK STREET NORTH

3. Mailing Office Address

5000 PARK STREET NORTH

Suite, Apt. #, etc.

SUITE 1151

Suite, Apt. #, etc.

SUITE 1151

City & State

ST. PETERSBURG

City & State

ST. PETERSBURG

Zip

33709

Country

PINELLAS

Zip

33709

Country

PINELLAS

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/2004

5. FEI Number
201069039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KIRIT DESAI

Street Address (P.O. Box Number is Not Acceptable)

5000 PARK STREET NORTH

Suite, Apt. #, Etc.

SUITE 1151

City

ST. PETERSBURG

State

FL

Zip Code

33709

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 6 MARCH 2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KIRIT DESAI	5000 PARK ST., STE 1151	ST. PETERSBURG/FL/33709

500145329819
03/09/09--01051--015 **1058.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2009

Date

727 409 7430

Daytime Phone #