

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000071210

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** ONCOLOGY BILLING SERVICES,INC

**Current Principal Place of Business:**

5000 PARK STREET NORTH  
SUITE 1151  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

5000 PARK STREET NORTH  
SUITE 1151  
ST. PETERSBURG, FL 33709

**New Mailing Address:**

**FEI Number:** 20-1069039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESAI, KIRIT S  
5000 PARK STREET NORTH  
SUITE 1151  
ST. PETERSBURG, FL 33709 US

**Name and Address of New Registered Agent:**

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: KIRIT DESAI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DESAI, KIRIT S  
Address: 5000 PARK STREET NORTH, STE 1151  
City-St-Zip: ST. PETERSBURG, FL 33709

I hereby 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 all other like empowered.

SIGNATURE: KIRIT DESAI

PD

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date