

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000114646

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

11985 SOUTHERN BLVD.  
326  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

11985 SOUTHERN BLVD.  
326  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 33-1098425      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

DANA K. THOMPSON C/O ALAN RAMER, ESQ  
1390 S DIXIE HWY #1301  
CORAL GABLES, FL 33146 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:** ALAN RAMER

\_\_\_\_\_  
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:** PRES  
**Name:** THOMPSON, DANA K  
**Address:** 11985 SOUTHERN BLVD #326  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** VP  
**Name:** BYRNES, JAMES J  
**Address:** 237 GEORGE BUSH BLVD  
**City-St-Zip:** DELRAY BEACH, FL 33444

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:** DANA K THOMPSON

CEO

04/26/2010

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

\_\_\_\_\_  
Date