

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000124629

FILED
May 30, 2006
Secretary of State

Entity Name: FORTUNE MEDICAL CONSULTING & BILLING CORP.

Current Principal Place of Business:

15025 NW 77TH AVE.
SUITE 213
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15025 NW 77TH AVE.
SUITE 213
MIAMI LAKES, FL 33014

New Mailing Address:

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

Name and Address of Current Registered Agent:

HUARTE, MICHEL
7245 SOUTH PRESTWICK PLACE
MIAMI LAKES, FL 33014 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: MICHEL HUARTE

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: DP () Delete
Name: HUARTE, MICHEL
Address: 7245 SOUTH PRESTWICK PLACE
City-St-Zip: MIAMI LAKES, FL 33014

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: MICHEL HUARTE

Electronic Signature of Signing Officer or Director

P

05/30/2006

Date