

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000149665

Entity Name: MOTION MEDICAL BILLING, INC.

FILED
Dec 12, 2005
Secretary of State

Current Principal Place of Business:

1850 SW 8 SREET
204 E
MIAMI, FL 33135 US

New Principal Place of Business:

4280 NW 2 TERR
MIAMI, FL 33126 US

Current Mailing Address:

1850 SW 8 SREET
204 E
MIAMI, FL 33135 US

New Mailing Address:

4280 NW 2 TERR
MIAMI, FL 33126 US

FEI Number: 20-1788053

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUIROZ, ELIZABETH
1850 SW 8 STREET
204 E
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

QUIROZ, ELIZABETH
4280 NW 2 TERR
MIAMI, FL 33126 US

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: ELIZABETH QUIROZ

12/12/2005

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: P () Delete
Name: QUIROZ, ELIZABETH
Address: 1850 SW 8 STREET
City-St-Zip: MIAMI, FL 33135 US

Title: VP () Delete
Name: PEREZ, CRISTIAN
Address: 1850 SW 8 STREET
City-St-Zip: MIAMI, FL 33135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUIROZ, ELIZABETH
Address: 4280 NW 2 TERR
City-St-Zip: MIAMI, FL 33126 US

Title: VP (X) Change () Addition
Name: PEREZ, CRISTIAN
Address: 4280 NW 2 TERR
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIZABETH QUIROZ

P

12/12/2005

Electronic Signature of Signing Officer or Director

Date