2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P04000167878

Entity Name: MEDICAL BILLING SOLUTIONS OF MIAMI, INC.

Current Principal Place of Business:

18344 NW 68 AVE UNIT A
MIAMI, FL 33015

New Principal Place of Business:

18346 NW 68 AVE
UNIT A
MIAMI LAKES, FL 33015

Current Mailing Address:

18344 NW 68 AVE UNIT A
MIAMI, FL 33015

New Mailing Address:

18346 NW 68 AVE
UNIT A
MIAMI LAKES, FL 33015

FEI Number: 20-2096329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ALEIDA
18344 NW 68 AVE UNIT A
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

ROQUE, ALEIDA
18346 NW 68 AVE
UNIT A
MIAMI LAKES, FL 33015 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: ALEIDA ROQUE 05/01/2006
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: GONZALEZ, ALEIDA
Address: 18344 NW 68 AVE UNIT A
City-St-Zip: MIAMI, FL 33015

Title: VS ( ) Delete
Name: CARDENTEY, LUIS
Address: 18344 NW 68 AVE UNIT A
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROQUE, ALEIDA
Address: 18346 NW 68 AVE UNIT A
City-St-Zip: MIAMI LAKES, FL 33015

Title: VS (X) Change ( ) Addition
Name: CARDENTEY, LUIS
Address: 18346 NW 68 AVE UNIT A
City-St-Zip: MIAMI LAKES, FL 33015

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: ALEIDA ROQUE P 05/01/2006
Electronic Signature of Signing Officer or Director Date