

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000029596

1. Entity Name

G & A MEDICAL BILLING SERVICE INC.



07 MAY 2007 PM 1:55

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

713 NW 132ND PLACE  
MIAMI, FL 33182

Mailing Address

713 NW 132ND PLACE  
MIAMI, FL 33182

2. Principal Place of Business - No P.O. Box #

14058 SW 274 TER

Suite, Apt. #, etc.

3. Mailing Address

14058 SW 274 TER

Suite, Apt. #, etc.

City & State

HOMESTEAD

City & State

HOMESTEAD FL

Zip

33032

Country

U.S.A

Zip

33032

Country

U.S.A



REINSTATEMENT 05212007 REINSTATEMENT CR2E098 (1/07)

4. FEI Number

04-3807321

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMIREZ, YESSNIA A  
713 NW 132ND PLACE  
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

14058 SW 274 TER

City

HOMESTEAD

FL

Zip Code

33032

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

000104257000

06/12/07--0001--022

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RAMIREZ, YESSNIA A  
STREET ADDRESS 713 NW 132ND PLACE  
CITY-ST-ZIP MIAMI, FL 33182 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME MANUEL RAMIREZ  
STREET ADDRESS 14058 SW 274 TER  
CITY-ST-ZIP HOMESTEAD FL 33032 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone