

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000166274

**FILED**  
**Oct 04, 2006**  
**Secretary of State**

**Entity Name:** BROOKSVILLE MEDICAL BILLING SERVICE, INCORPORATED

**Current Principal Place of Business:**

21124 TED ROAD  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

21124 TED ROAD  
BROOKSVILLE, FL 34601

**New Mailing Address:**

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

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

PUNTINO, LISA-ANN  
12080 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34613 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: LISA-ANN PUNTINO

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: WILLIAMS, KELLY  
Address: 21124 TED ROAD  
City-St-Zip: BROOKSVILLE, FL 34613

Title: VP ( ) Delete  
Name: WILLIAMS, PHILLIP K  
Address: 21124 TED ROAD  
City-St-Zip: BROOKSVILLE, FL 34613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KELLY WILLIAMS

P

10/04/2006

Electronic Signature of Signing Officer or Director

Date