

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

450.w

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAY 13 PM 3: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000041886

1. Corporation Name

AMA Medical Billing Services, Inc.

2. Principal Office Address - No P.O. Box #

23217 Bayou Grove Street

Suite, Apt. #, etc.

City & State

Land O Lakes

Zip

34639

Country

USA

3. Mailing Office Address

23217 Bayou Grove Street

Suite, Apt. #, etc.

City & State

Land O Lakes

Zip

34639

Country

USA

100148450761  
04/02/09--01037--022 \*\*300.00  
REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida 3-26-2006

5. FEI Number  
204618708

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Leslie Uliano

Street Address (P.O. Box Number is Not Acceptable)  
23217 Bayou Grove Street

Suite, Apt. #, Etc.

City  
Land O Lakes

State  
FL

Zip Code  
34639

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Leslie Uliano*  
REGISTERED AGENT MUST SIGN

Date 3-30-09

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P      | Leslie Uliano                        | 23217 Bayou Grove Street                          | Land O Lakes, FL 34639 |
| VP     | Christian Ramirez                    | 23217 Bayou Grove Street                          | Land O Lakes, FL 34639 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

100148450761  
05/13/09--01034--021 \*\*150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

*Leslie Uliano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-09

Date

813-597-4651

Daytime Phone #