

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000018382

**FILED**  
**Nov 05, 2014**  
**Secretary of State**

**Entity Name:** DBD MEDICAL BILLING & COLLECTIONS, INC.

**Current Principal Place of Business:**

1320 SE FEDERAL HWY  
STUART, FL 34994

**New Principal Place of Business:**

1320 SE FEDERAL HWY  
STUART, FL 34994 UN

**Current Mailing Address:**

P. O. BOX 262  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 20-8409556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICKENS, WILLIE MAE  
907 E HALL STREET  
STUART, FL 34994 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: WILLIE M DICKENS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HEAD, DEXTER D  
Address: 1000 SE 18TH STREET  
City-St-Zip: STUART, FL 34996 US

Title: VP  
Name: HEAD, ANNA D  
Address: 1000 SE 18TH STREET  
City-St-Zip: STUART, FL 34996 US

I hereby 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 all other like empowered.

SIGNATURE: DEXTER D HEAD

PRES

11/05/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date