

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000133145

**FILED**  
**Mar 05, 2009**  
**Secretary of State**

**Entity Name:** ATLANTIC MEDICAL BILLING SERVICES INC

**Current Principal Place of Business:**

1830 SW 92 PL  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

1830 SW 92 PL  
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number:** 80-0361433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALEJO, ROSALIA  
1830 SW 92 PL  
MIAMI, FL 33165 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: ROSALIA ALEJO

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: DP ( ) Delete  
Name: ALEJO, ROSALIA  
Address: 1830 SW 92 PL  
City-St-Zip: MIAMI, FL 33165

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALEJO ROSALIA

PD

03/05/2009

Electronic Signature of Signing Officer or Director

Date