

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000006091

FILED  
Dec 14, 2009  
Secretary of State

**Entity Name:** EYES MEDICAL BILLING & CONSULTING INC

**Current Principal Place of Business:**

2053 WYNDHAM HOLLOW COURT  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

2339 GLENFINAN DR  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2053 WYNDHAM HOLLOW COURT  
JACKSONVILLE, FL 32246

**New Mailing Address:**

PO BOX 7926  
JACKSONVILLE, FL 32238

FEI Number: 26-1708028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA, EYELYN  
2053 WYNDHAM HOLLOW COURT  
JACKSONVILLE, FL 32246 US

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

RIVERA, EYELYN  
2339 GLENNFINAN DR  
ORANGE PARK, FL 32073 US

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: EVELYN RIVERA

12/14/2009

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: RIVERA, EYELYN  
Address: 2053 WYNDHAM HOLLOW COURT  
City-St-Zip: JACKSONVILLE, FL 32246

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

Title: P (X) Change ( ) Addition  
Name: RIVERA, EYELYN  
Address: 2339 GLENNFINAN DR  
City-St-Zip: ORANGE PARK, FL 32073

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: EVELYN RIVERA

MRS

12/14/2009

Electronic Signature of Signing Officer or Director

Date