

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000018736

**FILED**  
**Jan 23, 2013**  
**Secretary of State**

**Entity Name:** MEDCODING BILLING SERVICE, INC.

**Current Principal Place of Business:**

1275 CRYSTAL WAY, #L  
DELRAY BEACH, FL 33444 US

**New Principal Place of Business:**

6705 EAGLE RIDGE DR  
GREENACRES, FL 33413 US

**Current Mailing Address:**

1275 CRYSTAL WAY, #L  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

6705 EAGLE RIDGE DR  
GREENACRES, FL 33413 US

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

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

VARGAS, ESPERANZA B  
1275 CRYSTAL WAY, #L  
DELRAY BEACH, FL 33444 US

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

VARGAS, ESPERANZA B  
6705 EAGLE RIDGE DR  
GREENACRES, FL 33413 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: ESPERANZA B VARGAS

01/23/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VARGAS, ESPERANZA B  
Address: 6705 EAGLE RIDGE DR  
City-St-Zip: GREENACRES, FL 33413 US

Title: VP  
Name: GIACOBBA, JOHN JR  
Address: 5105 ELPINE WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418 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: ESPERANZA B VARGAS

P

01/23/2013

Electronic Signature of Signing Officer or Director

Date