PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 18 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000013748

1. Corporation Name: PRONTO MEDICAL BILLING CENTER, INC.

2. Principal Office Address	**3.** Mailing Office Address
1740 Coral Way	1740 Coral Way
Suite, Apt. #, etc.: Suite #B	Suite, Apt. #, etc.: Suite #B
City & State: Miami, FL	City & State: Miami, FL
Zip: 33145 Country: Dade-County	Zip: 33145 Country: Dade-County

5/14/02 Q035L 031.150

4. Date Incorporated or Qualified To Do Business in Florida: 02-24-93

5. FEI Number: 65-0424860 ☐ 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: ANA M. ORTIZ
Street Address (P.O. Box Number is Not Acceptable): 7330 Ocean Ter.
Suite, Apt. #, Etc.: Apt # 1202
City: MIAMI BEACH, FL. State: FL Zip Code: 33141

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: Ana M. Ortiz Date: 11-15-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P=	ANA M. ORTIZ	7330 Ocean Ter	MB, FL 33141

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 under section 119.07(3)(i), 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: Ana M. Ortiz 11/15/02 (305)285-1464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Date: 11-15-02. 2 of 2

FROM: ANA M. ORTZ. TO: Michelle Milligan

Subject: Reinstatement of Corporation

As per our conversation today, I am sending you the reinstatment form. I have never received the past correspondence asking for the above information or any other letter, as a result please I will ask you if you can waive any penalties or fees.

One more time, I thank you for helping in the processing of the following application.

Should you have any questions, please call me at (305) 865-8287 or (305) 285-1464.
↓ Home ↓ work

Thank you.

Ana Ortz