

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P93000013748

**FILED**  
**Oct 16, 2008**  
**Secretary of State**

**Entity Name:** PRONTO MEDICAL BILLING CENTER, CORP.

**Current Principal Place of Business:**

1900 CORAL WAY  
404  
CORAL GABLES, FL 331452661

**New Principal Place of Business:**

**Current Mailing Address:**

1900 CORAL WAY  
404  
CORAL GABLES, FL 331452661

**New Mailing Address:**

**FEI Number:** 65-0424860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORTIZ, ANA M  
7330 OCEAN TERR  
APT. 1202  
MIAMI BEACH, FL 331412729 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: ANA ORTIZ

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ORTIZ, ANA M  
Address: 7330 OCEAN TERR., APT. 1202  
City-St-Zip: MIAMI BEACH, FL 33141

**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: ANA ORTIZ

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

PRES

10/16/2008

\_\_\_\_\_  
Date