

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 JAN -3 AM 11:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000052202**

Corporation Name
D | PHYSICIAN BILLING, INC.

Principal Place of Business Mailing Address
 21291 NE 2ND AVENUE 21291 NE 2ND AVENUE
 MIAMI FL 33179 MIAMI FL 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT *gg*

4. Date Incorporated or Qualified To Do Business in Florida	07/06/1995	SP
5. FEI Number	65-0594927	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED _____		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WOODWORTH, BARBARA J	21291 NE 2ND AVENUE	MIAMI FL 33179

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 ****758.75 ****758.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WOODWORTH, BARBARA J 21291 NE 2ND AVENUE MIAMI FL 33179		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *Barbara J Woodworth* **SIGNATURE REQUIRED** Date 12/29/99
REGISTERED AGENT MUST SIGN

11. 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: *Barbara J Woodworth* **SIGNATURE REQUIRED** Date 12/29/99 (305) 652-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #