PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 14 PM 2:38

DOCUMENT # P96000012389

1. Corporation Name
PREFERRED MEDICAL BILLING, INC.

2. Principal Office Address
2625 EXECUTIVE PK DR

3. Mailing Office Address
SAME

CR2E081 (12/05)

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.
SAME

4. Date Incorporated or Qualified To Do Business in Florida NOV 1996

City & State,
WESTIN FL

City & State
SAME

5. FEI Number 58 223 0020

☐ Applied For
☐ Not Applicable

Zip 33331
Country USA

Zip
Country

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ROBERT MILLER

Street Address (P.O. Box Number is Not Acceptable)
3000 HOLIDAY DR.

04/14/06--01075--012 **1515.00

Suite, Apt. #, Etc.
APT 301

7000704800627
04/14/06--01075--012 **1515.00

City
FT LAUDERDALE

State FL
Zip Code 33316

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 _Robert J Miller_
REGISTERED AGENT MUST SIGN

Date 4/13/2006

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
PRES + DIR.	ROBERT MILLER	13½ DEERPATH	ROSLYN HTS NY 11577
V.P + DIR	ROBERT QUIGLEY	10 ABBOT RD SMITHTOWN NY	SMITHTOWN NY 11787
SECY DIR	CAROLE ROGERS	2610 SCOTT ST	HOLLYWOOD FL 33020

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 contained in Chapter 119, 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: _Robert J Quigley_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-13-06
Daytime Phone # 631-724-6796