2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000012389

Name:

Address:

City-St-Zip:

ROGERS, CAROLE

HOLLYWOOD, FL 33020

2610 SCOTT ST.

FILED Oct 09, 2007 Secretary of State

Entity Nar	ne: PREFEF	RRED MEDICAL RECORDS INC			
Current Principal Place of Business:			New Principal Place o	of Business:	
2625 EXEC WESTIN, F		C DRIVE, SUITE 1			
Current Mailing Address:			New Mailing Address	:	
2625 EXEC WESTIN, F		CDRIVE, SUITE 1			
FEI Number:	58-2230020	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
The above in the State	DAY DR. IDERDALE, F named entity	·	urpose of changing its registered	office or registered agent, or both,	
	Electro	nic Signature of Registered Age	nt	Date	
		93(2)(b), F.S., the corporation did not ng Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MILLER, ROB 132 DEERPAT ROSLYN HTS	TH	Title: Name: Address: City-St-Zip:)Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (QUIGLEY, RO 10 ABBOT RD SMITHTOWN,		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	SD () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT MILLER **PRES** 10/09/2007