

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 DEC 23 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043638

1. Corporation Name

S.B. MEDICAL BILLING, INC.

Principal Place of Business

3375 BURNS ROAD  
#206  
PALM BEACH GARDENS FL 33410

Mailing Address

3375 BURNS ROAD  
#206  
PALM BEACH GARDENS FL 33410



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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0922476

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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	PROVENZANO, CAMILLE	1505 OCEAN DUNES CIRCLE	JUPITER FL 33477
			DDDD009644940 12/23/02--01073--009 **150.00
			REINSTATEMENT 02 11TS
			DDDD009644940 12/23/02--01073--009 **500.00

8. Name and Address of Current Registered Agent

BLOCK, PHYLLIS S  
742 US HIGHWAY ONE STE. 301  
NORTH PALM BEACH FL 33408  
Arnstein & Lehr  
515 N. Flagler Drive  
Sixth Floor  
West Palm Beach, FL  
33401

9. Name and Address of New Registered Agent

Name  
Phyllis S. Block, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
515 N. Flagler Drive  
Suite, Apt. #, Etc.  
Sixth Floor  
City  
West Palm Beach  
State  
FL  
Zip Code  
33401

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/12/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/02 (561) 691-8895

CR2E040 (8/02)