

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P99000095122 **DOCUMENT #**

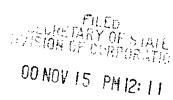
1. Corporation Name

MEDICAL BILLING SOLUTIONS, INC.

Principal Place of Business

Mailing Address

4521 P.G.A. BLVD.. STE. 235 PALM BEACH GARDENS FL 33418 4521 P.G.A. BLVD., STE. 235 PALM BEACH GARDENS FL 33418





If above ac	dresses are	incorrect in any way,	line through incorrect in	formation a	ind enter co	rrection below.					,	
					ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 10/27/1999				
Suite, Apt. #, etc. Suite, Apt. #,				etc.			5 FEI Number Applied For					
City & State City & State						+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$			Not Applicable			
Zip Country			Zip	Zip Country			6. \$8.75 Additional Fee			litional Fee require		
ΖIÞ		Country			Country		CERTIFICATI	OF STATUS D	ESIRED	for a Ce	rtificate of Status	
7. Names a	and Street Ad	dresses of Each Offic	er and/or Director (Flo	rida nonpro	fit corporation	ons must list at lea	ast 3 directors)					
Title(s)	2	Name of Offic and/or Direct				eet Address of Each icer and/or Director		City / State / Zip				
Co-Owner	Jenr	ifer P. (arson	114	Lost	Bridge	Drive	Palm	Beacl	h Ga	rdens FL 3341 33458	
Co- Owner	Kris	tina P. I	<i>ciumaisi</i>	118	Day	Lily Dr	ive	Jupi	ter,	FL	33458	
						. —						
							21	0000 -11/	3 4 6/20/00	95	724 3019	
								****	(*158. 1	[[] ***	**150,00	
									16		15	
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent					
		+				Name			4			
LARSON, JENNIFER P						Street Address (P.O. Box Number Is Not Acceptable)						
114 LOST BRIDGE DR.						Suite, Apt. #, Etc.						
PALM BEACH GARDENS FL 33410					Suite, Apr. #, Etc.				•			
						City		.,	1	State Zip	Code	
10. I, being	appointed th	e registered agent of	the above named corpo	oration, am	familiar with	n and accept the o	bligations of Sect	ion 607.0505,	F.S.			
Signature of Registered		Jehnich	REGISTERED AG	WON		Lui i	<u>.</u>	Date	10/19	1/00		
		0 ()	REGISTERED AG	ENT MOST		· · · · · · · · · · · · · · · · · · ·						
this rein: owed by	statement ap the corporat	plication, the reason t tion have been paid a	ne receiver or trustee er for dissolution has been nd the names of individ d my signature shall ha	eliminated luals listed	, the corpora on this form	ate name satisfies odo not qualify for	s the requirements an exemption un	of section 60	7.0401 or 6	317.0401, F	.S., that all fees	



Medical Billing Solutions, Inc.

4521 P.G.A. Blvd., Suite 235 Palm Beach Gardens, FL 33418 561.775.2621

October 19, 2000

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

Per the direction of Tyrone in your customer service department, I have enclosed a check for \$150.00 to reinstate the above corporation.

My reason for reinstatement is that I never received the mailing from the State, stating the necessary requirements to continue this license. I have run into this problem with other vendors and their statement or invoices not getting to me. I have filed a complaint with the US Postal Service in hopes that this will soon be resolved.

Please let me know if you need any further information.

Jennifer P. Larson

Medical Billing Solutions, Inc.