

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S68471

1. Entity Name
P.R.N. MEDICAL BUSINESS SERVICES, INC.

Principal Place of Business
10502 SE 29 AVE
OCALA, FL 34480

Mailing Address
PO BOX 4936
OCALA, FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222004

REIN-P

CR2E098 (6/04)

4. FEI Number
59-3080483

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKENZIE, MICHAEL F.
10502 SE 29 AVE
OCALA, FL 34480

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael F. Mackenzie

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/06/04

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MACKENZIE, MICHAEL F.
10502 SE 29 AVE
OCALA, FL 34480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
MACKENZIE, LORI L.
10502 SE 29 AVE
OCALA, FL 34480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lori Mackenzie* LORI MACKENZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/04

Date

352-620-2240

Daytime Phone #

FILED

04 DEC -7 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

