

**2019 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P17000022134

**Entity Name:** GABLES MEDICAL BILLING, CORP.

**Current Principal Place of Business:**

4649 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4649 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33146 00

**FEI Number:** 56-2564504

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PELIER, ROBERT N  
4649 PONCE DE LEON BLVD.  
301  
CORAL GABLES, FL 33146 US

*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.*

**SIGNATURE:** ROBERT N PELIER

03/12/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIR  
Name            PLANA, CARLOS A  
Address        4649 PONCE DE LEON BLVD #301  
City-State-Zip: CORAL GABLES FL 33146

Title            DIR  
Name            PELIER, ROBERT N  
Address        4649 PONCE DE LEON BLVD 301  
City-State-Zip: CORAL GABLES FL 33146

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT N. PELIER

**PRINCIPAL**

03/12/2019

Electronic Signature of Signing Officer/Director Detail

Date