

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M81221

FILED
Jun 15, 2011
Secretary of State

Entity Name: CLINICAL BILLING SERVICES, INC.

Current Principal Place of Business:

4600 N HABANA AVE
#19A
TAMPA, FL 33614 US

New Principal Place of Business:

19045 N. DALE MABRY HIGHWAY
LUTZ, FL 33548 US

Current Mailing Address:

4600 N HABANA AVE
STE #19A
TAMPA, FL 336144107 US

New Mailing Address:

19045 N. DALE MABRY HIGHWAY
LUTZ, FL 33548 US

FEI Number: 59-2955712

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANE, STEPHEN A.
FOLEY, LARDNER & HILL
ONE TAMPA CITY CENTER, SUITE 2900
TAMPA, FL 336010391 US

Name and Address of New Registered Agent:

CRANE, STEPHEN A.
FOLEY & LARDNER LLP
100 N. TAMPA ST., SUITE 2700
TAMPA, FL 33602 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: STEPHEN A. CRANE

06/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: RUFFOLO, EUGENE F M.D.
Address: 19045 N. DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33548 US

Title: VPD
Name: JEFFREY, P. BRIAN M.D.
Address: 19045 N. DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33548 US

Title: VPD
Name: DALENCE, CARLOS R M.D.
Address: 19045 N. DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33548 US

Title: VPD
Name: FRIEDMAN, MICHAEL I M.D.
Address: 19045 N. DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33548 US

Title: SD
Name: LADEN, S. AARON M.D.
Address: 19045 N. DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33548 US

Title: TD
Name: TAYLOR, FRANK M M.D.
Address: 19045 N. DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33548 US

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: EUGENE F. RUFFOLO, M.D.

PD

06/15/2011

Electronic Signature of Signing Officer or Director

Date