_m81221_

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
CLINICAL BILLING SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____
_____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: **CLINICAL BILLING SERVICES, INC.**

2. The principal office address: **19045 N. Dale Mabry Highway, Lutz, FL 33548**

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____**05/12/1988**_____ Document number: _____**M81221**_____

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   Stephen A. Crane

   Foley & Lardner LLP, 100 N. Tampa St., Suite 2700

   Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   Cheryl Colhouer

   19045 N. Dale Mabry Highway
   P.O. Box NOT acceptable

   Lutz, FL 33548

The street address of its registered office and the street address of the business office of its registered agent. as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____   *P.* **BRIAN JEFFREY**
Signature of an officer or director   Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

_____   _____**7/18/2011**_____
Signature of Registered Agent   Date

If signing on behalf of an entity:

_____
Typed or Printed Name

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)