

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089265

Entity Name: CLS BILLING SERVICES INC

FILED  
Jan 28, 2011  
Secretary of State

**Current Principal Place of Business:**

11055 90TH TERRACE NORTH  
SEMINOLE, FL 33772

**New Principal Place of Business:**

11125 PARK BOULEVARD  
SUITE 104-232  
SEMINOLE, FL 33772

**Current Mailing Address:**

11055 90TH TERRACE NORTH  
SEMINOLE, FL 33772

**New Mailing Address:**

11125 PARK BOULEVARD  
SUITE 104-232  
SEMINOLE, FL 33772

FEI Number: 76-0708699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWEENEY, CHERYL LYNN  
11055 90TH TERRACE NORTH  
SEMINOLE, FL 33772 US

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

SWEENEY, CHERYL LYNN  
7255 103RD LANE NORTH  
SEMINOLE, FL 33772 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: CHERYL LYNN SWEENEY

01/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SWEENEY, CHERYL LYNN  
Address: 7255 103RD LANE NORTH  
City-St-Zip: SEMINOLE, FL 33772

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: CHERYL LYNN SWEENEY

PRES

01/28/2011

Electronic Signature of Signing Officer or Director

Date