


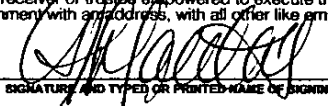
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90027 047 ***150.00

DOCUMENT # P06000001149 1. Entity Name COMPLETE MEDICAL BILLING SERVICES, INC																													
Principal Place of Business 20230 NW 5 ST PEMBROKE PINES, FL 33029			Mailing Address 20230 NW 5 ST PEMBROKE PINES, FL 33029																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country																											
4. FEI Number 20-4059392				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MALETA, GREYDIS 20230 NW 5 ST PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P MALETA, GREYDIS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>20230 NW 5 ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PEMBROKE PINES, FL 33029</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	P MALETA, GREYDIS	<input type="checkbox"/> Delete	NAME	20230 NW 5 ST		STREET ADDRESS	PEMBROKE PINES, FL 33029		CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">✓ Luis. H. Maleta</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>20230 NW 5 ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Pembroke Pines, Florida 33029</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	✓ Luis. H. Maleta	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	20230 NW 5 ST		STREET ADDRESS	Pembroke Pines, Florida 33029		CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/4/2108 (954) 432-0578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #