

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000088636

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** CUEVAS MEDICAL BILLING SERVICES, INC

**Current Principal Place of Business:**

4376 POMELO BLVD  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

4376 POMELO BLVD  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

**FEI Number:** 65-1320060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CUEVAS, SONIA  
4376 POMELO BLVD  
BOYNTON BEACH, FL 33436 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CUEVAS, SONIA  
Address: 4376 POMELO BLVD  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP  
Name: CUEVAS, JIMMIE  
Address: 4376 POMELO BLVD  
City-St-Zip: BOYNTON BEACH, FL 33436

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: SONIA CUEVAS

PRES

03/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date