

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093636

FILED
Feb 23, 2012
Secretary of State

Entity Name: COMPREHENSIVE INSURANCE BILLING, INC.

Current Principal Place of Business:

900 N E 7TH ST
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

900 N E 7TH ST
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-0628165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIRSCHBERG, ANDREW S
900 N E 7TH ST
POMPANO BEACH, FL 33060 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: D
Name: HIRSCHBERG, TERRI
Address: 900 NE 7TH ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: D
Name: HIRSCHBERG, ANDREW S
Address: 900 NE 7TH ST
City-St-Zip: POMPANO BEACH, FL 33060

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: ANDREW S HIRSCHBERG

PRES

02/23/2012

Electronic Signature of Signing Officer or Director

Date