2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 AN Secretary of State

ANNUAL REPURI					C4CC4-		
DOCUMENT # P98000028726 1. Entity Name CLH MEDICAL BILLING SERVICES, INC.						ecretary of Sta	
	JIOAE DIEERIG GERTIGES,	10 .					
	ce of Business	Mailing Address					
9408 S.W. 1 MIAMI, FL 3	154TH PLACE 33196	9408 S.W. 154TH PLACE Miami, Fl. 33196					
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_	NOT MOTE	^-	03132008	No Chg-P	CR2E034 (11/05)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		Applied For	
					e of Status Desired	Not Applicable \$8.75 Additional	
	Name and Address of Current Re	nictored Anont	1	5. Cermican	e of status Desired	Fee Required	
		Pizesea Wheir	-				
HERNANDEZ, CARMEN L 9408 S.W. 154TH PLACE			DO NOT WRITE				
MIAMI, FL			IN THIS SPACE				
		•			I HIO OF	ACE	
	e named entity submits this statement for thations of registered agent.	e purpose of changing its register	ed office or reg	jistered agent, or bo	oth, in the State of Flori	ida. I am familiar with, and accept	
•							
SIGNATURE Signature typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent				iquired when reinstalling)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		~ , ~	\$5.00 May Be Added to Fees		in the second se		
10.	OFFICERS AND DIF	RECTORS	1				
TITLE NAME	P HERNANDEZ, ÇARMEN L				!:000000	രന്മുമാ	
STREET ADDRESS	9408 S.W. 154TH PLACE		•		0000000 - 04702708	859492 80025-007 150.00	
CITY-ST-ZIP	MIAMI, FL 33196		_[Mar 64 Martines for the first	© © © © ™ ™	
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TITLE NAME				IN	THIS SPA	ACE	
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12. Thereby 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 gacurate 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 true e 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 order its empowered.

changed, or on an eligenment with an address, within an other the empowered

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED ON

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3/1/08</u>

305-753-5342