

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044522

Entity Name: COMPLETE INSURANCE & BILLING, INC.

Current Principal Place of Business:

202 N FEDERAL HWY
LAKE WORTH, FL 33460

Current Mailing Address:

202 N FEDERAL HWY
LAKE WORTH, FL 33460

FEI Number: 65-1006535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RODE, RONALD M
202 N FEDERAL HWY
LAKE WORTH, FL 33460 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name RODE, RONALD M
Address 202 N FEDERAL HWY
City-State-Zip: LAKE WORTH FL 33460

Title P
Name RODE, RONALD M
Address 202 N FEDERAL HWY
City-State-Zip: LAKE WORTH FL 33460

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: RONALD M RODE

P

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date