



BA20241895015



provision of the Labor Code.

STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448 For Office Use Only

-FILED-

File No.: BA20241895015 Date Filed: 10/25/2024

Entity Details						
Corporation Name			Complete Reimbursement Services, Inc.			
Entity No.			6436354			
Formed In			TEXAS			
Street Address of Principal Of	fice of Corpo	pration				
Principal Address		21 RENEE ROAD FREEPORT, ME 04032				
Mailing Address of Corporation	n					
Mailing Address		21 RENEE ROAD FREEPORT, ME 04032				
Attention			FIXI	LEFORT, ME 04032		
Street Address of California O	-		Nov			
Street Address of Calif	ornia Oni	ce 	Nor	ie 		
Officers						
Officer Name	Officer Address		Position(s)			
+ Eric Gruntfest	21 RENEE ROAD FREEPORT, ME 04032		Chief Executive Officer, Chief Financial Officer, Secretary			
Additional Officers						
Officer Name	Officer Name		ss	Position	Stated Position	
			None Enter	ed		
Directors						
	Director Name			Director Address		
None Entered						
The number of vacano	ies on Bo	ard of Directors is: 0				
Agent for Service of Process						
California Registered (Agent (1505)	C T CORPORATION SYSTEM Registered Corporate 1505 Agent				
Type of Business						
Type of Business		Billing services and consulting on coding, billing and reimbursement in the healthcare industry				
Email Notifications Opt-in Email Notification	ons		Yes	, I opt-in to receive en	tity notifications via email.	
Opt-in Email Notification		orporation has an outs	Yes	, I opt-in to receive en	tity notifications via email. the Division of Labor Standard	

Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or

Electronic Signature						
By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.						
_ , , , ,						
Paola A. Maymi	10/25/2024					
Signature	Date					