


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90019 044 \*\*\*150.00

<b>DOCUMENT # J84330</b> 1. Entity Name <b>CENTRAL FLORIDA BILLING, INC.</b>					
Principal Place of Business <b>P.O. BOX 58069 ST. PETERSBURG, FL 33715</b>			Mailing Address <b>P.O. BOX 58069 ST. PETERSBURG, FL 33715</b>		
2. Principal Place of Business <b>204 37th Ave N</b> Suite, Apt. #, etc. <b>Suite # 371</b>			3. Mailing Address <b>204 37th Ave N.</b> Suite, Apt. #, etc. <b>Suite # 371</b>		
City & State <b>St. Petersburg, FL 33704</b>		City & State <b>St. Petersburg, FL</b>		4. FEI Number <b>59-2828702</b>	
Zip <b>33704</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POPA, VIRGILIU 6372 PALMA DEL MAR SUITE 603 ST. PETERSBURG, FL 33715</b>				7. Name and Address of New Registered Agent Name <b>Virgiliu Popa, MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 37th Ave. N. Suite # 371</b> City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33704</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>VIRGILIU, POPA</b> <b>6372 PALMA DEL MAR #603</b> <b>SAINT PETERSBURG, FL 33715</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>204 37th Ave N. Ste 371</b> <b>St. Petersburg, FL 33704</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 trustee 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 other like empowered.					
<b>SIGNATURE: <i>Virgiliu Popa</i></b>			<b>Virgiliu Popa, MD 4/14/04 727-827-1458</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

34037003



04132004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

Zip  
33704

Country  
USA

Zip  
33704

Country  
USA

Zip  
33704