2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

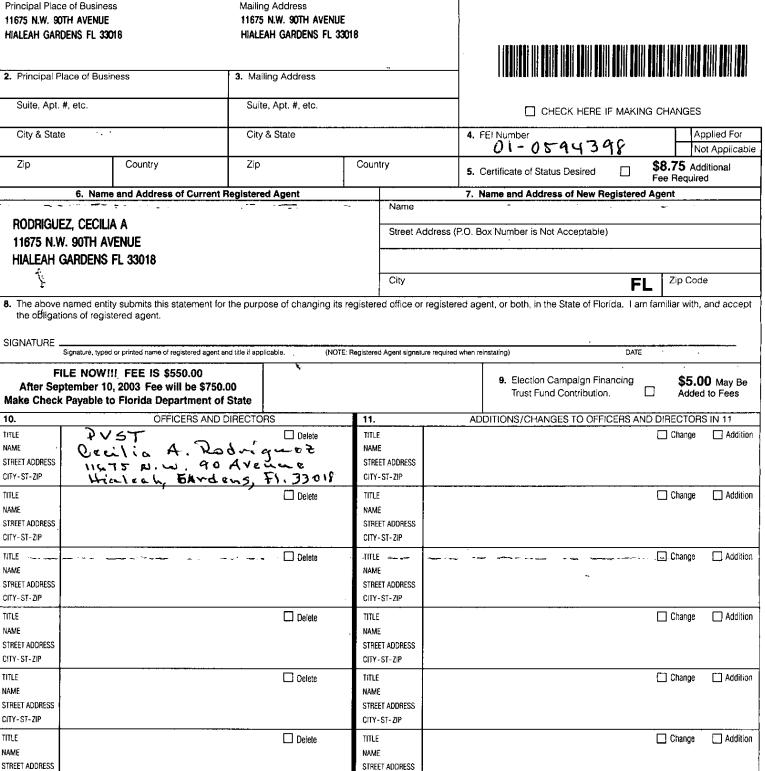
P02000008160

1. Entity Name

CITY-ST-ZIP

SIGNATURE:

C.A.R. PROFESSIONAL BILLING SERVICES, INC



CITY-ST-ZIP

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

FILED Jul 14, 2003 8:00 am Secretary of State

04-23-2003 90067 041 ***150.00

CR2E034 (4/03)

05 918-244

94-21-03

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIREC

changed, or on an attachment with an address, with all other like empowered

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2003 FOR PROFIT CORPORATION

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C.A.R. PROFESSIONAL BILLING SEF	THICES, INC)	
·		- Contract of the contract of	<u> </u>	
Principal Place of Business	Mailing Address	1	-605117V	
11675 N.W. 90TH AVENUE HIALEAH GARDENS FL 33018	11675 N.W. 90TH AVENUE HIALEAH GARDENS FL 33		70001110	
TUNCENT CHIDCHS PL 30010	HIALERH CARDENS FL X			
2. Principal Place of Business	3. Mailing Address	<u></u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State	City & State		4. FEI Number 01-0594399 Applied Not App	
Zip Country	Zip	Country	5. Certificate of Status Desired Sea Required Fee Required	'
6. Name and Address of Current	Registered Agent		. 7. Name and Address of New Registered Agent	
RODRIGUEZ, CECILIA A		Name	a se a second	
11675 N.W. 90TH AVENUE		Street Address	(P.O. Box Number is Not Acceptable)	
HIALEAH GARDENS FL 33018				
Ē	•	City	FL Zip Code	
The above named entity submits this statement for the obligations of registered agent.	r the purpose of changing its	registered office or registe	red agent, or both, in the State of Florida. I am familiar with, and ac	ccept
• •			•	
Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature require	d when reinstating) DATE	-
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable & Florida Department of	State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	
10. OFFICERS AND	DIRECTORS	11	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<u>,</u>
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NAME Cecilia A. Rodnigu	er I	NAME CTOSET ADDRESS		₽
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SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DYRICER OF DIRECTOR

104-21-03 x (345) 818-2449
Days Phone #