FILED
Jul 28, 2003 8:00 am
Secretary of State
07-28-2003 90134 017 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046929

1. Entity Name
C. & S. MEDICAL BILLING, INC.

90147234

Principal Place of Business	Mailing Address
178 ROSE HILL TRAIL SANFORD, FL 32773-7237	178 ROSE HILL TRAIL SANFORD, FL 32773-7237

[redacted]

2. Principal Place of Business	3. Mailing Address
123 Borada Rd.	123 Borada Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford FL.	City & State: Sanford, FL.
Zip: 32773 Country: USA	Zip: 32773 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 74-3034444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRODDIAN, RICHARD M
9222 BROAD ST
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (in 11)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRIENTOS, SHELLY M 178 ROSE HILL TRAIL SANFORD, FL 327737237	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E036 (10/02)

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.

SIGNATURE: [signature] 7/11/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #