2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# P02000114068

Entity Name: HEALTH NETWORK BILLING SERVICES, INC.

Current Principal Place of Business:

6991 NW 82 AVE
#15
MIAMI, FL 33166

New Principal Place of Business:

6991 NW 82 AVE
#12
MIAMI, FL 33166

Current Mailing Address:

6991 NW 82 AVE
#15
MIAMI, FL 33166

New Mailing Address:

6991 NW 82 AVE
#12
MIAMI, FL 33166

FEI Number: 11-3658869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADRON, MARCOS R
6991 NW 82ND AVE
#15
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

PADRON, MARCOS R
6991 NW 82ND AVE
#12
MIAMI, FL 33166 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: MARCOS R PADRON 07/07/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPVS ( ) Delete
Name: PADRON, MARCOS R
Address: 6991 NW 82 AVE UNIT 15
City-St-Zip: MIAMI, FL 33166

Title: T ( ) Delete
Name: PADRON, MARCOS R
Address: 6991 NW 82 AVE UNIT 15
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change ( ) Addition
Name: PADRON, MARCOS R
Address: 6991 NW 82 AVE #12
City-St-Zip: MIAMI, FL 33166

Title: T (X) Change ( ) Addition
Name: PADRON, MARCOS R
Address: 6991 NW 82 AVE #12
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARCOS R PADRON CFO 07/07/2005
Electronic Signature of Signing Officer or Director Date