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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:05

DOCUMENT # P93000011937 (8)

1. Corporation Name
HIALEAH BILLING SERVICES, INC.

Principal Place of Business	Mailing Address
2586 W. 74TH STREET HIALEAH FL 33016 US	2586 W. 74TH STREET HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/16/1993
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21: 16790 NW 75TH Ave
22 Suite, Apt. #, etc.: Miami, FL
23 City & State: 33015-4143
24 Zip:
25 Country: DADE

2a. Mailing Address
26: 16790 NW 75TH AVE
27 Suite, Apt. #, etc.:
28 City & State: Miami, FL
29 Zip: 33015-4143
30 Country: DADE

4. FEI Number: 65-0388669 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, AILET
2209-2 WEST 69 ST.
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name: Rodriguez Arlet
82 Street Address (P.O. Box Number is Not Acceptable): 16790 NW 75TH AVE
83
84 City: Miami FL 85 Zip Code: 33015-4143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	RODRIGUEZ, ARLET	1.2 NAME	RODRIGUEZ ARLET
STREET ADDRESS	2586 W. 74TH ST.	1.3 STREET ADDRESS	16790 NW 75TH AVE
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	MIAMI, FL 33015-4143
TITLE	STD	2.1 TITLE	☑ Change ☐ Addition
NAME	RODRIGUEZ, OSCAR F	2.2 NAME	RODRIGUEZ OSCAR F.
STREET ADDRESS	2586 W. 74TH ST.	2.3 STREET ADDRESS	16790 NW 75TH AVE
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	MIAMI, FL 33015-4143
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 01-31-95 (305) 822-9369
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0000160 CP