FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022352 (7)

1. Corporation Name
C N A BILLING SERVICES, INC.

Principal Place of Business	Mailing Address
11502 NW 87TH PLACE HIALEAH GARDENS FL 33016 US	11502 NW 87TH PLACE HIALEAH GARDENS FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business
21: 8764 NW 149 Ter
22: Suite, Apt. #, etc.
23: City & State: Miami, Florida
24: Zip: 33016
25: Country: DADE

2a. Mailing Address
26: 8764 NW 149Ter
27: Suite, Apt. #, etc.
28: City & State: Miami Florida
29: Zip: 33016
30: Country: DADE

4. FEI Number: 65-0405810 ☐ 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

TRIAY, CARIDAD
11502 NW 87TH PLACE
HIALEAH GARDENS FL 33016

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 8764 NW 149 Ter
83:
84 City: Miami FL 85 Zip Code: 33016

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	SAME	☒ Change ☐ Addition
NAME	TRIAY, CARIDAD	12 NAME		
STREET ADDRESS	11502 NW 87TH PLACE	13 STREET ADDRESS	8764 NW 149 Ter	
CITY-ST-ZIP	HIALEAH GARDENS FL	14 CITY-ST-ZIP	Miami, Fl. 33016	
TITLE	ST	21 TITLE	SAME	☒ Change ☐ Addition
NAME	TRIAY, ALEJANDRO	22 NAME		
STREET ADDRESS	11502 NW 87TH PLACE	23 STREET ADDRESS	8764 NW 149 Ter	
CITY-ST-ZIP	HIALEAH GARDENS FL	24 CITY-ST-ZIP	Miami Fl. 33016	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Caridad Triay 5/5/95 305-824-9086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000447 CP