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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90131 033 ***158.75

DOCUMENT # P93000022352

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

Principal Place of Business	Mailing Address
9811 NW 80TH AVE SUITE 7T HIALEAH GARDENS FL 33016 US	11502 NW 87 PL #539 HIALEAH GARDENS FL 33018 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1993

2. Principal Place of Business	2a. Mailing Address
21 2211 NW 93 Ave	26 2211 NW 93 Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pembroke Pines Fl	City & State 28 Pembroke Pines Fl
Zip 24 33024 Country 25 Broward	Zip 29 33024 Country 30 Broward

4. FEI Number: 65-0405810 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TRIAY, CARIDAD
11502 NW 87 PL
HIALEAH GARDENS FL 33018

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	TRIAY, CARIDAD		1.2 NAME	
STREET ADDRESS	11502 NW 87 PL		1.3 STREET ADDRESS	2211 NW 93 Ave
CITY-ST-ZIP	HIALEAH GARDENS FL 33018		1.4 CITY-ST-ZIP	Pembroke Pines Fl. 33024
TITLE	ST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	TRIAY, ALEJANDRO		2.2 NAME	
STREET ADDRESS	11502 NW 87 PL		2.3 STREET ADDRESS	2211 NW 93 Ave
CITY-ST-ZIP	HIALEAH GARDENS FL 33018		2.4 CITY-ST-ZIP	Pembroke Pines Fl. 33024
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Caridad Triay 4/17/99 (305)538-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #