2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90010 044 ***150.00

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02192004 Chg-P CR2E034 (10/03)

DOCUMENT # P93000022352

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

Principal Place of Business	Mailing Address
11100 NW 15TH ST PEMBROKE PINES, FL 33026 US	11100 NW 15TH ST PEMBROKE PINES, FL 33026 US

2. Principal Place of Business	3. Mailing Address
13250 SW 20 St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar Fl.	City & State
Zip: 33027 Country: Broward	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRIAY, CARIDAD 11100 NW 15TH ST PEMBROKE PINES, FL 33026	Name: same Street Address (P.O. Box Number is Not Acceptable): 13250 SW 20 Street City: Miramar FL Zip Code: 33027

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] 3/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	DP TRIAY, CARIDAD 11100 NW 15TH ST PEMBROKE PINES, FL 33026	☐ Delete	same 13250 SW 20 Street Miramar Fl. 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HERNANDEZ, JENNIFER 11100 NW 15TH ST PEMBROKE PINES, FL 33026	☐ Delete	same 13250 SW 20 Street Miramar Fl. 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] 3/2/04 954-447-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #