

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022352

FILED
Mar 08, 2007
Secretary of State

Entity Name: C N A BILLING SERVICES, INC.

Current Principal Place of Business:

8080 NW 13TH STREET
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

7800 NW 72ND AVE
MEDLEY, FL 33166 US

Current Mailing Address:

8080 NW 13TH STREET
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 65-0405810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRIAI, CARIDAD
8080 NW 13TH STREET
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TRIAY, CARIDAD
Address: 8080 NW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ST () Delete
Name: HERNANDEZ, JENNIFER
Address: 8080 NW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CARIDAD TRIAY

PRES

03/08/2007

Electronic Signature of Signing Officer or Director

_____ Date