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Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90070 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022352

10091380

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

Principal Place of Business	Mailing Address
2211 NW 93 AVE. PEMBROKE PINES, FL 3302 US	2211 NW 93 AVE. PEMBROKE PINES, FL 33024 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 11100 NW 15 St	Suite, Apt. #, etc. 11100 NW 15 St
City & State Pembroke Pine, Fl	City & State Pembro Pines, Fl
Zip 33026 Country US	Zip 33026 Country US

X CHECK HERE IF MAKING CHANGES

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

TRIAY, CARIDAD
2211 NW 93 AVE
HOLLYWOOD, FL 3302

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 11100 NW 15 St.

City Pembroke Pines FL Zip Code 33026

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 Caridad Triay 4/30/03
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, 2003 Fee will be $550.00. Make Check Payable to Florida Department of State

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	OP TRIAY, CARIDAD 2211 NW 93 AVE PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 11100 NW 15 St Pembroke Pines Fl. 33026 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRIAY, ALEJANDRO 2211 NW 93 AVE PEMBROKE PINES, FL 33024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Jennifer Hernandez 11100 NW 15 St 33026 Pembroke Pines Fl X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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. 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

SIGNATURE: Caridad Triay 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)