**FILE NOW: FILING FEE AF[illegible] MAY 1 IS $550.00**

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
~~1997~~ 1998

FILED
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096722 (0)

1. Corporation Name
CHA MEDICAL BILLING, INC.

[redacted]

Principal Place of Business
600 ALTON ROAD
#507
MIAMI BEACH FL 33139

Mailing Address
600 ALTON ROAD
#507
MIAMI BEACH FL 33139-5502

| | |
|---|---|
| 3. Date Incorporated or Qualified 12/22/1995 | 3a. Date of Last Report 04/12/1996 |
| 4. FEI Number 65-0627160 | ☐ 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 | |

21 2. Principal Place of Business
22 State, Apt. #, etc.
23 City & State
24 Zip 25

26 2a. Mailing Address
27 State, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent
DARPINI, JEAN
600 ALTON ROAD
#507
MIAMI BEACH FL 33139

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 [illegible] 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 and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE [illegible] (If Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| D ☐ DELETE<br>DARPINI, JEAN<br>600 ALTON ROAD #507<br>MIAMI BEACH FL 33139 | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| SD ☐ DELETE<br>ABERNETHY, NORMA<br>600 ALTON ROAD #507<br>MIAMI BEACH FL 33139 | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| ☐ DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>100002498231<br>-04/23/98--01076--031<br>***150.00<br>☐ Change ☐ Addition |
| ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>JC 4/23<br>☐ Change ☐ Addition |
| ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br>4-21<br>☐ Change ☐ Addition |

CR2E034 (9/96)

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 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 [illegible] 4-14-98