2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000056920

1. Entity Name
COMPUTERIZED BILLING AND CODING, INC.

Principal Place of Business	Mailing Address
1881 N.E. 211TH STREET NORTH MIAMI BEACH, FL 33179-1522	1881 N.E. 211TH STREET NORTH MIAMI BEACH, FL 33179-1522

DO NOT WRITE IN THIS SPACE

04152004   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0930879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RECHTMAN, IILENE K
1881 N.E. 211TH STREET
NORTH MIAMI BEACH, FL 33179-1522

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IN THIS SPACE

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, 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

U00000122185
04/21/04-80019-005 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	RECHTMAN, IILENE K
STREET ADDRESS	1881 N.E. 211TH STREET
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 331791522

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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: _____ SEC'Y   4/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #