

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S71258** (5)

1. Corporation Name

CPT BILLING SERVICES, INC.



Principal Place of Business

11635 NW 45TH ST.
CORAL SPRINGS FL 33065

Mailing Address

640 E. OCEAN AVE.
STE. 15
BOYNTON BEACH FL 33435

Same

2. Principal Place of Business

2a. Mailing Address

21 640 E OCEAN AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. 15

27

City & State

City & State

23 Boynton Beach FL

28

Zip

Country

Zip

Country

24 33435

25

USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1991

3a. Date of Last Report

12/06/1995

4. FEI Number

65-0335721

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

10. Name and Address of New Registered Agent

BARRANCO, ROGER
8620 BINGHAMTON AVE.
BOYNTON BEACH FL 33436

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and time of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTDC
NAME BARRANCO, ROGER
STREET ADDRESS 8620 BINGHAMTON AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ DELETE

TITLE VMC
NAME BARRANCO, MARGIE
STREET ADDRESS 8620 BINGHAMTON AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ DELETE

TITLE CS
NAME PATSKO, THERESA
STREET ADDRESS 8620 BINGHAMTON AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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:

Roger Barranco

Roger Berrence

04/26/96

407.375-9144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)