

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000053401

1. Entity Name

SOUTH MEDICAL BILLING INC.



FILED

07 MAR 16 AM 11:28

Principal Place of Business
15346 SW 72ND STREET
#13
MIAMI FL 33193

Mailing Address
15346 SW 72ND STREET
#13
MIAMI FL 33193

STATE OF FLORIDA
ATTORNEY GENERAL



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-4731661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, MARINA
15346 SW 72ND STREET
#13
MIAMI FL 33193

Name

FERNANDEZ MARINA

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

16447 SW 97 TERRACE

MIAMI

City

FL

Zip Code

33196

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 MARINA FERNANDEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 D
NAME FERNANDEZ, MARINA
STREET ADDRESS 15346 SW 72ND STREET, #13
CITY- ST- ZIP MIAMI FL 33193

TITLE
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TITLE D
NAME FERNANDEZ MARINA
STREET ADDRESS 16447 SW 97 TERRACE
CITY- ST- ZIP MIAMI FLORIDA 33196

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: MARINA FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07

Date

(305) 752-0908

Daytime Phone *