

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000067367

**Entity Name:** S&S MEDICAL FINANCING INC

**Current Principal Place of Business:**

2875 NE 191ST STREET  
SUITE 905  
AVENTURA, FL 33180

**Current Mailing Address:**

2875 NE 191ST STREET  
SUITE 905  
AVENTURA, FL 33180 US

**FEI Number:** 47-2542877

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHAKED LAW FIRM, P.A.  
2875 NE 191ST STREET  
SUITE 905  
AVENTURA, FL 33180 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SHAKED, SAGI  
Address 2875 NE 191ST STREET  
SUITE 905  
City-State-Zip: AVENTURA FL 33180

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAGI SHAKED

P

03/07/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date