

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000071523

1. Entity Name
SF BILLING SERVICES, INC.



Principal Place of Business
120 EAST OAKLAND PARK BLVD.
SUITE 201
FORT LAUDERDALE, FL 33334

Mailing Address
120 EAST OAKLAND PARK BLVD.
SUITE 201
FORT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2373388
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDOLF & HOFFMAN, P.A.
615 N.E. 3RD AVENUE
FORT LAUDERDALE, FL 33304

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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 of the person who is the registered agent and the fee collector

Signature of the registered agent or the fee collector

Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROTONDI, JOHN
STREET ADDRESS	120 EAST OAKLAND PARK BLVD SUITE 201
CITY ST ZIP	FT LAUDERDALE, FL 33334
TITLE	D
NAME	FINE, JAMIE
STREET ADDRESS	3477 DEL MAR AVENUE
CITY ST ZIP	DAVIE, FL 33328
TITLE	D
NAME	FINE, TODD
STREET ADDRESS	10495 CANTERBURY COURT
CITY ST ZIP	DAVIE, FL 33328
TITLE	D
NAME	SUSSMAN, TODD
STREET ADDRESS	1104 SATINLEAF ST.
CITY ST ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1100000178656
01/12/05-80036-015 150.00

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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)(f), 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:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 (154) 615-4878