

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 12 1996 8:00 am  
Secretary of State

DOCUMENT # P94000078042 (6)

1. Corporation Name

S & S MEDICAL BILLING AND CONSULTING, INC.

Principal Place of Business

13072 SW 88TH LANE  
MIAMI FL 33186

Mailing Address

13072 SW 88TH LANE  
MIAMI FL 33186



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

11/13/1995

4. FEI Number

65-0532179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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

Guillermo Donadio

Guillermo Donadio

3-1-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLTERO, SUSAN	
STREET ADDRESS	13072 SW 88TH LANE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUILLERMO, DONADIO	
STREET ADDRESS	13072 SW 88TH LANE	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	PRESIDENT
1.2 NAME	SUSAN SOLTERO
1.3 STREET ADDRESS	10880 SW 144 PL
1.4 CITY - ST - ZIP	MIAMI FL 33186
2.1 TITLE	SECRETARY
2.2 NAME	GUILLERMO DONADIO
2.3 STREET ADDRESS	10880 SW 144 PL
2.4 CITY - ST - ZIP	MIAMI FL 33186
3.1 TITLE	V. PRESIDENT
3.2 NAME	MIGDALIA SOLTERO
3.3 STREET ADDRESS	10880 SW 844 PL
3.4 CITY - ST - ZIP	MIAMI FL 33186
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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:

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

205-883-5805

Date

Daytime Phone #

CR2E034 (12/95)