

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
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
P.O. BOX 162608
MIAMI FL 33116-2608
US

2. Principal Place of Business
21 13550 SW 88 ST
Suite, Apt. #, etc.
22 140-3
City & State
23 MIAMI, FL
Zip
24 33186 Country
25 Made

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified 10/25/1994
3a. Date of Last Report 03/12/1996
4. FEI Number 65-0532179 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

9. Name and Address of Current Registered Agent

GUILLERMO, DONADIO
13072 SW 88TH CIRCLE
MIAMI FL 33186

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE P SOLTERO, SUSAN ☐ DELETE
NAME 10880 SW 144TH PLACE
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE S GUILLERMO, DONADIO ☒ DELETE
NAME 10880 SW 144TH PLACE
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE VP SOLTERO, MIGDALIA ☐ DELETE
NAME 10880 SW 144TH PLACE
STREET ADDRESS MIAMI FL
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Susan Soltero
2.3 STREET ADDRESS Secretary
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Susan Soltero

1-21-97

305-383-5805

CR2E034 (9/96)